



HOLISM and COMPLEMENTARY MEDICINE

Origins and Principles

VINCENT DI STEFANO

Vincent Di Stefano is a practitioner in osteopathy and Western herbal medicine, with a clinical practice in Melbourne, Australia. He has qualifications in acupuncture and naturopathy as well as a Masters in Health Sciences from Victoria University. He has lectured extensively in Western herbal medicine, philosophical concepts of healing, and qualitative research methods in private colleges and at undergraduate and postgraduate level in the Health Sciences department at Victoria University. He regularly contributes to journals, conferences and professional associations, and was founding editor of the first peer-reviewed multi-modality complementary medicine journal in Australia, *Journal of the Australian Natural Therapists' Association*.

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Allen & Unwin
83 Alexander Street
Crows Nest NSW 2065
Australia

Phone: (61 2) 8425 0100
Fax: (61 2) 9906 2218
Email: info@allenandunwin.com
Web: www.allenandunwin.com

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The caduceus was the magic staff of the Greek god Hermes (Roman Mercury), messenger of the gods. It has been used over the past two centuries as a symbol of healing. This modified image, designed by Linda Robertson, incorporates a plant in place of the second serpent which is traditionally used.

Foreword

Over the last three decades, complementary medicine has been embraced in Western countries across the globe. It is estimated that about 60 per cent of Australians are using complementary medicine, and spend about \$A2.3 billion on complementary medicines and the various therapies. In the United Kingdom, it is estimated that about 45 per cent of Britons use complementary medicine, representing some 15 million consultations each year. And in the United States, it has been estimated that \$US34 billion is spent annually on complementary medicine.

The rise of complementary medicine in highly developed countries is nothing less than phenomenal. Unlike biomedical health services and pharmaceutical medicines, frequently neither complementary medicine consultations nor remedies receive government subsidy. In spite of this inequity, consumers have been willing to pay for complementary medicines and services out of their own pockets.

Regarded as quacks only a decade ago, complementary medicine practitioners have steadily gained a reputation as primary contact practitioners. The acceptance of complementary medicine in the community is such that complementary medicine courses are now conducted at university level. In spite of this growth, however, scholarly writings on complementary medicine are still limited.

Holism and Complementary Medicine serves to address this deficiency. The author is strategically placed to offer deep insight into complementary medicine practice. He has been involved in complementary medicine education in such areas as naturopathy and herbal medicine since the early 1980s. More recently, he has participated in the design and teaching of undergraduate and graduate programs in Western herbal medicine, philosophical concepts of healing, and qualitative research methods. The perspectives presented in his book have developed from in-depth interviews with a number of highly experienced practitioners and teachers of complementary medicine. They have also been influenced by three decades of community practice in complementary medicine.

This book is divided into two main parts. The first deals with modern complementary medicine practice in a historical context. The second part examines complementary medicine from a medical philosophical perspective. It is often wisely uttered that to understand the present, one must understand

the past. The author commences his historical inquiry in Egyptian times, and enthral the reader with an in-depth comparison between ancient Egyptian medicine practices and today's complementary medicine practice. The reader soon learns that the concept of holism that underpins complementary medicine practice is not a recent development. The author presents solid historical arguments to show that the roots of complementary medicine philosophy are linked to ancient times.

The works of Empedocles, Hippocrates, Theophrastus, Galen and Paracelsus are examined in the light of the development of biomedicine. Contrary to general opinion, biomedicine is not a relatively new phenomenon but rather the legacy of a chain of historical events which evolved essentially around philosophy.

The link between biomedicine, philosophy and science is elaborated upon in much depth. Though biomedicine sees itself resting on the foundations of scientific theory and thought, this text shows how philosophy has greatly influenced and directed the evolution of scientific inquiry over the centuries. It is this same philosophy that has also shaped the development of complementary medicine practice.

The author compares and contrasts the practice of biomedicine and complementary medicine. From one perspective the differences are stark, and this is how many see biomedicine and complementary medicine. But from another perspective, there are surprising parallels. The author draws upon narratives with complementary medicine practitioners and teachers to highlight such issues.

Holism and Complementary Medicine is highly recommended for anyone interested in the historical and philosophical development of complementary medicine. It is a scholarly work that has equal application to undergraduate students, postgraduates, academics, practitioners and consumers of complementary medicine.

Raymond Khoury
Editor, Journal of the Australian Traditional
Medicine Society
July 2005

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Preface

A young man once approached Mahatma Gandhi as he walked alongside a river. The young man bowed respectfully and then began to speak: 'There is so much that needs to be done in this world. There is so much poverty, so much suffering. There is damage to be repaired, there are wrongs to be righted, and there are pains to be healed. How is anyone to be of any help at all?' Gandhi drew the young man's attention to the numerous pebbles that covered the banks of the river and said, 'Find the roundest, the smoothest, the best pebble you can and hold it in your hand. Then select a place in the river that flows before you, take careful aim, and cast the stone towards that spot as accurately as you can. When the pebble hits the water, your work is done. The ripples will do the rest.'

Holism and Complementary Medicine may be likened to a small pebble cast into the stream of a tradition that is as old as the human story itself, the tradition of healing. When confronted with the vast ocean of writings that relate to medicine and healing, and the deluge of articles that regularly wash over readers of the numerous journals devoted to medicine throughout the world, one may well ask, what more is there to be said?

The river never stands still. It runs constantly, flowing around obstacles and receiving the streams that carry water through its endless cycles. Although its composition and shape will often change, its origins remain constant. Every river ultimately draws from the distant headwaters that gather the falling rain. So it is with medicine. Although its forms and methods may change from place to place and from time to time, it draws perennially from the will to alleviate human suffering borne of sickness and disease.

Today, the profession of medicine in the Western world is undergoing a subtle shift in its approach to healing. A widespread reassessment is occurring of the ways in which medicine has been influenced by approaches to health and sickness derived from different methods and world views than those developed by scientific medicine over the course of the past century. This situation stems from a growing realisation that the ways of scientific medicine, though more powerful and impressive than anything that has ever been before, hold their own limitations. This realisation has been significantly hastened by the successes of the modalities of complementary medicine whose approaches to healing often differ significantly from those of Western conventional medicine.

Holism and Complementary Medicine explores the foundational principles underlying many of those approaches. It is hoped that this book will be

useful not only to practitioners and students of the healing arts generally, but to all who have an interest in the nature of healing and the principles of physicianship that have guided the mission of medicine throughout history.

This book rests upon the influence and inspiration of those many teachers, colleagues and friends who have, over the past three decades, provided guidance and companionship in the pursuit of the enduring sources of wisdom and healing that have always been part of the story of medicine.

I wish to acknowledge my immense gratitude to a number of friends and colleagues who have generously given of their time and their skill in commenting upon the various chapters of this work. To Peter Ferigno of Victoria University whose wonderfully agile and slippery mind has constantly brought me back to the trees within the forest. To my old friend Paul Hertzog of Monash University who has helped to broaden my understanding of the sincerity and compassion that operates, though often out of sight, within the biomedical project. To my brother in arms, Raymond Khoury of the Australian Traditional Medicine Society, who has provided unswerving support through many projects over the past two decades. His dedication to and perseverance in the causes of herbal and holistic medicine in Australia will be increasingly realised in time to come. To my dharma brother, Paul Orrock of Southern Cross University, whom I have had the great pleasure and privilege of working alongside, and whose clear-minded reflections have helped in the refinement of several chapters. To my former colleague at Victoria University, Bogusha Paks, whose European sensitivities have many times challenged my own assumptions. To Buzz Robertson, who has helped keep me abreast of the times in the ever-changing world of medical literature. To Jenie Stroh of the Southern School of Natural Therapies, who has offered perceptive and constructive reflections on Chapter 5. And to my old friend and sometime mentor, Shuddha Sarma, who early in the piece introduced me to the power and influence of ancient and Eastern systems of medicine and their ways of knowing.

I wish to express my deep thanks to both Annie Gillison and Melanie Guile, who have cast their discerning eyes over the whole manuscript. And also to Rob Campbell whose spirited discussions during our forest walks have helped shape my understanding of the deeper healing towards which we all aspire.

Very special thanks are due to those unnamed respondents who gave so generously of their time and wisdom during the early discussions that brought to light many of the issues raised in Part II of *Holism and Complementary Medicine*. My respondents necessarily remain anonymous for ethical reasons. The italicised quotes used throughout Part II were carefully selected from interview transcripts derived through a qualitative research study undertaken at Victoria University between 1996 and 1998. This study was approved on the understanding that the anonymity of respondents would be respected.

It has been said, ‘by teaching I’ll be taught’. In confirming the truth of that statement, I remain ever grateful for the energy, the patience and the inspiration of those students who have participated in my various classes during the past twenty-five years of active teaching.

This project may never have come to light were it not for the vision, encouragement and support of the remarkable women of Allen & Unwin. Many thanks to my publisher, Elizabeth Weiss, who has quietly driven the process, to Emma Cant and Emma Sorensen, who tended the refinement of early drafts with patience, to Jeanmarie Morosin, who has orchestrated the production of this book with skill and diligence, and to Jessica Post, who has worked behind the scenes to ensure that the process moved steadily forward.

But my deepest gratitude rests with my loving family, who have weathered my excesses and forgiven my often-extended absences during the making of this text. To my darling Gill, who has ever kept the fires of heart and home burning during this time of exegesis. And to our children Nico, Gina, Luca and Sofia, who have borne my occasional outrages with infinite good grace and humour. My love is ever with you.

VDS

April 2005



Introduction

The making of a new medicine

Much of the effectiveness of medical people, and much of their acceptance in communities, is a result not of their scientific abilities, but of their commitment to caring, their perceived authority and wisdom, their identification as people privy to arcane knowledge, and perhaps above all, of their willingness to accept (however stressful and unpleasant this might be) responsibility for assuaging grief and offering care even when technological resources are exhausted. These are traditional medical skills, and are at the very heart of the healing project.

G. Allen German, 1987¹

Suffering is part of the human story. Every one of us has to deal with the reality of birth, sickness and death. Every culture has given rise to those who take on the work of welcoming new life, of helping those who suffer from sickness and disability to regain their health and, at more subtle levels, of giving meaning to the experience of suffering and the limitations that it may bring.

The healing intention has taken many forms throughout history. It has been voiced in the prayers and invocations of countless generations of priests and shamans. It has been carried by the men and women who sought out the substances present in nature and those produced by human ingenuity that help to ease the pain of sickness and hasten the return of health. It continues to find expression in the skill and precision of those dedicated surgeons who daily exercise their art.

Contemporary scientific medicine, also referred to as biomedicine or Western medicine, represents a unique manifestation of the will to heal. It is practised throughout the world, is supported by numerous governments through the funding of educational programs and the provision of

resources, and is served by immensely powerful technologies. Practitioners of Western medicine have largely severed ties with their own historic origins. Unlike their Eastern colleagues, Western doctors have by and large put aside both the philosophical understandings and the treatment methods of their forebears.

Both the teaching and the practice of medicine today have become highly standardised throughout the developed world. The curricula of medical programs in universities and medical schools are virtually identical. Every medical graduate emerges from their training with an encyclopedic knowledge of the body and its diseases. The apprenticeships served within urban hospital systems ensure that young doctors are intimately familiar with diagnostic technologies, understand the action and uses of pharmaceutical drugs, and are fully conversant with the surgical procedures commonly used in the treatment of trauma and disease. The practice of medicine in the Western world has, as a consequence, become highly uniform. Any given diagnosis will likely result in a similar prescription or procedure regardless of whether one visits a doctor in Sydney, London, New York or Brussels.

But it is now increasingly understood that scientific medicine represents only one approach to healing, albeit a powerful and unique one. Throughout its brief history, it has been practised alongside other ways of maintaining health and dealing with sickness, even though those ways may have been regarded as marginal and largely irrelevant to the dominant system of scientific medicine.

A surprising cultural development has unfolded in recent decades. Independent practitioners of approaches such as naturopathy, homoeopathy, chiropractic and acupuncture throughout the Western world have attracted the patronage of large numbers of people. Practitioners of scientific medicine were often taken by surprise to learn that their own patients were making use of complementary approaches to healing.

Two decades ago, medical anthropologist Arthur Kleinman laid the cards, as he saw them, on the table:

The current interest in holistic medicine and alternative healing systems seems best explained as an historically derived populist movement that is perhaps rightly viewed by the medical establishment as anti-professional. Whether this movement is the last bright flicker of a candle about to go out, or represents a major reorientation of how health care will be delivered in our society is a question that the history of the 1980s and 1990s will answer.²

In the short time since Kleinman offered his view, that flicker has become a strong flame that now illuminates the path of medicine into the new millennium.

Setting the scene

During the late nineteenth century and the early decades of the twentieth century, medical education underwent a profound transformation. The training of doctors was no longer based upon an apprenticeship system, but became firmly established in science-based programs taught in university environments. Both teachers and students thereby gained access to research facilities and teaching hospitals where patients were available in great numbers.³ The support of governments in the West was enlisted in this project, based as it was on the foundations of biological science and guided by a highly organised profession of medicine. Earlier traditions of medicine such as herbalism and hygienism, and more recent arrivals such as homoeopathy, Christian Science and chiropractic progressively lost both favour and institutional support. They continued to be quietly practised, however, by a relatively small group of hardy souls who were prepared to weather the isolation of their non-professional and non-aligned status.

Apart from an occasional attack launched by those more vigorous defenders of medical hegemony who periodically came to power in the larger medical associations, a state of relatively benign and peaceful coexistence was reached for much of the first half of the twentieth century. This peace was occasionally tested by some among the ranks of the dispossessed who spoke out too strongly or stridently against the dominant profession. Those who practised outside the mainstream were referred to as quacks at worst, but more often as fringe, unorthodox or lay practitioners.

Things changed dramatically during the 1960s. The formerly inchoate and elusive network of healers and practitioners that had worked unobtrusively within their respective communities began to be identified as 'alternative' healers and were increasingly sought out by more and more people. The term *holistic* was increasingly used to describe such healing approaches. The term itself was not new, but pointed towards an idea that had been first articulated some four decades earlier, and had been slowly configuring ever since.

Holism

Jan Christian Smuts coined the term *holism* in 1925. He used it to describe a philosophical position that was directed towards an understanding of whole systems, rather than particular events or phenomena.⁴ Within two years, this new term had made its appearance in the *Encyclopaedia Britannica* and was therein described as 'a viewpoint additional and complementary to that of science'.⁵

Smuts himself was an enigmatic and contradictory character. Born in the British Cape Colony (later to become South Africa) in 1870, he studied law at Cambridge and then returned to his birthplace and a life in politics. He served during the Boer War and proved to be a powerful military strategist, attaining the rank of General. He held office as Prime Minister of South Africa on two separate occasions and was influential in the formation of both the League of Nations and, later, the United Nations. Shortly after the publication of his book *Holism and Evolution* in 1925, he was elected president of the South African Association for the Advancement of Science. In 1930, he accepted the role of president of the Royal College of Science in the United Kingdom.

Smuts repeatedly emphasised that the notion of freedom was integral to any understanding of holism.⁶ Yet he held strongly separatist and racist views regarding the rights of blacks in the governance of South Africa, at least during his early years in political office. Smuts also managed to cross swords with Mahatma Gandhi regarding the rights of Indian workers in South Africa.⁷

Although Smuts' early interests revolved around literature, the classics and philosophy, he was drawn strongly to the new vision of reality that began to emerge from the fields of physics and mathematics at the turn of the century. He sought to counter the mechanistic and deterministic view of life that had increasingly dominated the emerging scientific world view by reaffirming the co-centrality of the role of mind and life in creation. For Smuts, the study of matter alone did not provide an adequate understanding of the world. The new physics had opened up a world where matter and energy were interchangeable, and where space and time were no longer separate entities. Through his exploration of 'wholes', Smuts offered a broader and more comprehensive perspective on the nature of reality than that provided by reductionist science.

Smuts' magnum opus, *Holism and Evolution*, came and went largely unnoticed. But the term 'holism' struck a powerful chord that has slowly risen to become a chorus in the intervening decades. Today, holism has come to signify a philosophical position that acknowledges the essential unity of creation. It carries the synergetic understanding that wholes are greater than the sum of their parts.

Holism also recognises that the parts of any given phenomenon may themselves represent whole systems. A molecule of DNA represents a whole system in itself, as does the individual cell that carries the DNA. The organs, made up of numerous individual cells, are each integral systems. And the organism made up of various organ systems is itself a unified whole. Beyond this, the organism itself and the environment within which it is situated are themselves an interconnected unity.

The philosophy of holism can therefore be seen to be complementary to that of reductionism, which holds that phenomena can be understood by an analysis of their individual components. Holism offers a systemic view of reality that acknowledges both autonomy and interdependence, and accepts that matter, life and mind are implicate in and integral to the phenomenal world. It is in this sense that the term holism is used in *Holism and Complementary Medicine*.

Language and labels

Another term that is used consistently throughout this text is *complementary medicine*. Unlike the term *biomedicine*, which keenly identifies the character of contemporary medicine through making explicit its foundational relationship with the biological sciences, the term complementary medicine can be interpreted more as a non-definition, in that it defines itself not by what it is, but by that which it is opposite to, or complements.⁸ For the present purposes, complementary medicine will be used as a generic term to describe a number of well-defined approaches to health care whose educational frameworks, underlying philosophies and styles of practice differ from those of biomedicine. Although there are many modalities of healing that may fall within this definition, the term will be used specifically throughout this text to describe the more formalised disciplines of acupuncture and traditional Chinese medicine, naturopathy, homoeopathy, Western herbal medicine and osteopathy, as these represent the particular modalities upon which this inquiry is based.

The term osteopathy as used in this text is to be understood in its common usage in the Australian and British contexts where, unlike in the United States, it refers to both a philosophy and method of treatment derived from the work of Andrew Taylor Still, who developed and promoted it as a comprehensive system of health care during the latter decades of the 1800s.

What was commonly known as alternative medicine during the 1960s and 1970s has since undergone progressive redefinitions on different continents. Much of the discourse relating to non-mainstream medicine during the 1970s and early 1980s centred on the term *alternative medicine*. In the United Kingdom during the 1980s, however, the term complementary medicine gained increasing currency, possibly for political reasons, as 'alternative' may have been perceived as being excessively polarised and as carrying exclusivist undertones in regard to biomedicine. In North America, a peculiar compromise appears to have been settled upon through the use of the term *complementary and alternative medicine* (CAM). The use of the acronym CAM has resulted in a grouping together of what is in actuality a multitude of

approaches to health care that differ from biomedicine. Such approaches range from indigenous systems of medicine including Native American medicine, traditional Chinese medicine and Ayurveda, to naturalistic systems such as naturopathy and chiropractic, and may also extend to vibrational medicine, massage and yogic medicine.

More recently, there has arisen from within biomedicine a movement that openly acknowledges the usefulness of many such approaches to healing and health care, and generally supports their incorporation into a broadened base of practice. In Australia and the United States, this development has become known as integrative medicine, while in the United Kingdom it is more commonly referred to as integrated medicine.⁹

In a remarkable social transformation that continues to unfold, what were formerly considered to be marginal and largely inconsequential approaches to health care have unexpectedly gained increasing cultural and legislative endorsement. This transformation has coincided with a noticeable broadening of the philosophical basis of biomedicine, and with a growing acceptance at all levels of other approaches to health care than that of biomedicine.

Changing perceptions

The relationship between biomedicine and its non-mainstream competitors has changed significantly in recent decades. During the 1970s, the rise of what was then referred to as alternative medicine was viewed with suspicion and hostility, and was frequently denounced in the editorials of the learned journals of medicine. During the 1980s, earlier criticisms appeared to gradually soften as an attitude of suspended judgement and cautious appraisal began to develop. During the 1990s, a noticeable shift occurred in the previously rigid boundaries as many within biomedicine took an increasing interest in the possible contribution of such approaches to the health of patients generally.¹⁰

The disciplines of naturopathy, chiropractic, osteopathy and traditional Chinese medicine have now been formally legitimised in many Western countries by government registration and licensing, and by entry into government-funded university programs. This reality invokes a number of questions. Why has the cultural authority that was painstakingly won by biomedicine over the twentieth century been noticeably eroded? Are there hidden problems within the practice of scientific medicine that the profession itself is blind to? Why do so many choose to make use of the so-called unproven methods of complementary medicine? And at another level, one may ask whether there are common understandings within complementary medicine that differ significantly from those of biomedicine.

Complementary medicine clearly offers something very different from what is provided by scientific medicine. The nature of that difference, however, remains elusive. Certain elements have been tentatively identified in the literature. They include: a differing style of clinical encounter, characterised by longer consultations and a less formal relationship between healer and patient; perspectives on the nature of health and disease that may be more in accord with patients' own views and understandings; an inclination towards health-based rather than disease-based approaches to treatment; a preference for non-pharmacological and non-technological approaches to health care; and an active encouragement and support for patient autonomy.¹¹

It has also been suggested that the recent interest in and patronage of practitioners of complementary medicine may simply reflect the exercise of free choice made available by the increased visibility of practitioners of complementary medicine, and a more pragmatic approach to health care based upon patients' experience of benefit from such treatments.¹²

Opening the doors

Holism and Complementary Medicine offers both a journey into the past, and a projection towards the future. But it is essentially grounded in the present time, when the profession of medicine is in the midst of a significant re-orientation. This reorientation has been hastened, if not catalysed, by the growing popularity and influence of complementary medicine. This quiet revolution in the way medicine is practised in Western communities is also reflective of an altered world, where many of the certainties of the past have been called into question. The world has changed beyond imagination in recent decades. Many are becoming increasingly aware that the ways of our present civilisation have not necessarily been helpful for the planet or her peoples.

This book does not purport to offer a new or definitive theory regarding the meaning behind the rise of holistic models of healing today. That is a task better left for future commentators who can, with the wisdom of hindsight, interpret more fully the role of complementary medicine in helping broaden the ways in which medicine is both taught and practised in Western communities. What it does offer, however, is an informed exploration of those elements within complementary medicine that have contributed to the movement of large numbers of people in the West towards more holistic approaches to health and healing.

The perspectives presented in *Holism and Complementary Medicine* have been derived from over two decades of personal commitment to the practice

and teaching of different aspects of complementary medicine within the Australian context. More importantly, these perspectives have been deepened and refined through collaborative discussions with colleagues who have also served as educator-practitioners of complementary medicine.¹³ As such, it offers a unique reflection of those signatory attributes of complementary medicine that differ from those of biomedicine. Those interviewed represent the disciplines of homoeopathy, naturopathy, osteopathy, traditional Chinese medicine and Western herbal medicine. Regardless of the modality practised, every respondent interviewed consistently identified the principle of holism as the underlying philosophical basis of his or her own approach. This principle forms the essential fulcrum around which each of the chapters in Part II turns.

In some ways, this work represents a recovery of lost ground, a re-affirmation of those enduring principles upon which the art and science of medicine have always rested. Those principles include the centrality of the relationship between physician and patient, the dimensions of the task to which the physician is called within that relationship, the philosophical bases of individual systems of healing, and the evolving nature of human consciousness and its influence in healing. Each of these elements will be explored in detail in the chapters of Part II. These chapters also offer a detailed overview of the holistic basis of complementary medicine practice, and also deal with those philosophical issues that lie at the heart of any understanding of complementary medicine.

We are, at present, poised at a major turning point in the way that medicine is practised in the Western world. The past century has seen immensely successful developments in new technologies and new methods of treatment. These have made available formerly inconceivable powers of diagnosis and intervention. Yet despite such prodigious achievements, there are some things that remain constant. Among them is the fact that the practice of medicine is essentially founded on the engagement between two human beings, the physician and the patient, and is not ultimately contingent upon technology or technicianship, although these clearly have had a huge impact on the way medicine is practised today.

The various modalities of complementary medicine are largely out of the loop in regard to their relationship with, or their dependence upon, the powerful technologies of medicine. But they have something very important to offer. They offer both differing perspectives and differing philosophies regarding the nature of life and the nature of health to those held by biomedicine.

Medicine has traditionally drawn as much from philosophy as it has from science. Philosophical issues cannot be put aside as mere abstractions or irrelevancies in matters of sickness and health. The work of the physician, in all its forms and guises, courts the very limits of our existence. It is implicate in

the way we are birthed, the ways in which we deal with the suffering borne of sickness and disease, and the ways that we depart this world.

Our philosophies can help us to connect with each other, with the world in which we find ourselves, and with the many worlds that are available to our belief and imagination. Our lives and experiences cannot be laid open and dissected like cadavers. Although many aspects of life may appear to be predictable, manageable and straightforward, we also live within uncertainty, contradiction, complexity and mystery.

Biomedicine is founded upon an historical pragmatism that has enabled the separation of fact from fancy, of the tangible from the tenuous. Acute care in hospital casualty wards requires immediate and skilled interventions, and not a reflective querying regarding the hidden causes or subtle meanings of a traumatic event. The flow of blood must be staunched. Broken tissues must be tended. Vital signs must be monitored. This is good and necessary. But the art of the healer extends beyond the casualty ward. And it is in such domains that less pressing realities such as the meaning and consequence of sickness episodes, a knowledge of the hidden dimensions of life, and a sensitivity to the subtle influences that condition our health become important. And this is why philosophy is inseparable from medicine.

The three chapters of Part I offer a selective historical review of the progression of the mind of medicine over the past five thousand years of recorded history. The story of healing is, of course, inseparable from the story of humanity, and has been integral to our collective experience since time immemorial. But in the brief review that follows, we are necessarily limited to that which has been transmitted through living traditions and written records.

It has been said that one must know the old in order to understand the new. This will most certainly provide a firm foundation from which to reflect upon the meaning of contemporary medicine. A knowledge of that which has gone before may also provide insight into many of the ideas and philosophies that underlie the various approaches that form part of complementary medicine.

It is important to understand that the ideas and approaches presented in this book do not necessarily reflect the way that complementary medicine is practised on the ground by individual practitioners. Every healer remains free, within reason, to interpret his or her craft in whatever way they choose, once suitably credentialed. This has always been the case. There are many practitioners of complementary medicine who operate in a highly reductionistic manner. Patients are treated according to their presenting symptoms without consideration of cause or consequence. Similarly, there are many holistically inclined practitioners of biomedicine who, while making use of everything scientific medicine can offer, remain acutely sensitive to the more

subtle determinants of their patient's health and sickness, and strive to become agents of change in the lives of their patients.

The modernist vision of universal redemption through rationality, scientific thought and technological progress has perhaps been overly optimistic. The growing community support for practitioners of complementary medicine is but one aspect of a widespread cultural response to the problems of modernity. Those problems include a widespread adherence to Cartesian dualism, where matter and mind are seen as separate realms; a masculinism that is reflected in a widespread obsession with control, predictability, and the use of forceful measures to bring about change; the valuation of rationality and intellection over more intuitive and empathic modes of being; and an excessive valuation of materiality over mind and spirit.¹⁴

This cultural development has led, among other things, to a deepening awareness of the complex of influences that condition our health, and a reconsideration of those sources of healing that are perennially available through simpler means than those offered by technological medicine.

Holism and Complementary Medicine offers a view from the inside of the nature of complementary medicine. It is written in the hope that it may stimulate further studies that explore the experiences of educators, practitioners and patients in the various modalities of complementary medicine. In the longer term, such studies may prove to be far more useful than the myriad clinical and laboratory studies that will doubtless keep researchers busy for decades to come.

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As many direct quotations from individual respondents inform much of the discussion in Part II, a brief sketch follows of the disciplines taught and practised by those interviewed in order to provide some clarification of their underlying philosophies and treatment approaches. These descriptions are not intended to be exhaustive, but will hopefully be sufficient to provide some insight into the essential character of each approach.

Naturopathy

Naturopathy is a generic term that covers a wide range of modalities including hygienism, nutrition, vitamin and mineral therapy, homoeopathy, herbal medicine, and massage and remedial therapy. Naturopaths therefore represent the general practitioners of natural medicine who are able to utilise a wide range of modalities according to their knowledge and training and the needs of their patients.

Naturopathic philosophy leans strongly towards a vitalist perspective of health and disease. Naturopathic treatment aims to enhance the life force or vitality of the patient through supportive medication and treatment, and through the activation and support of the body's detoxifying capacities. Most practitioners of naturopathy are comfortable with the notion that physical reality is conditioned by an energetic reality that can be utilised for the purposes of healing. The modalities of homoeopathy, acupuncture and vibrational medicine also incorporate such energetic considerations.

Purist metaphors also figure prominently in the naturopathic understanding of health and disease. The hygienist tradition in particular emphasises this aspect through its encouragement of such practices as periodic fasting and the use of elimination diets. Culturally, however, there are very few who are either prepared to brave such ordeals or to keep a watchful eye on those who would undertake such programs. More commonly, the elimination of toxins is aided through the activation of liver-based detoxification mechanisms and through stimulation of the eliminative capacities of the kidneys, skin and lungs. Attention to such lifestyle issues as diet, physical activity, stress and mental and spiritual orientation are integral to this process.

Naturopathic approaches to health care are essentially educative and transformative in their intent. Patients are actively encouraged to become more informed in such matters as the role of diet and lifestyle upon health and sickness. Philosophically, the naturopathic approach is aligned to an holistic appreciation of our essential connection with nature and natural forces, and seeks through its various methods to enhance our self-healing capacities through the use of natural substances and lifestyle regulation.

Homoeopathy

Homoeopathy was developed in the nineteenth century by the German doctor Samuel Hahnemann. Like Andrew Taylor Still, Hahnemann became deeply disillusioned with the medicine of his day. In his work as a translator of medical texts, he chanced upon the ancient principle of '*similis similibus curentur*', or 'like cures like'. Through a series of early observations on the effects of differing doses of Jesuit bark or *Cinchona officinalis*, prepared according to the peculiar style of homoeopathy, on a group of malaria sufferers, Hahnemann developed a therapeutic epistemology that eventually gave rise to over two thousand homoeopathic remedies. Most of those remedies continue to be used in the homoeopathic materia medica today.

Homoeopathy is essentially a vitalistic system of therapeutics that makes use of medicines prepared through the methods of *succussion* or *trituration*.

The system is based on Hahnemann's observation that minute quantities of substances derived from animal, vegetable and mineral sources, when prepared in a particular way, are capable of curing the pattern of symptoms produced when larger quantities of the same substances are administered.

Homoeopathic medicines are prepared by the serial dilution of plant, animal or mineral products. In real terms, this involves the dilution of one part of starting material with either nine or ninety-nine parts of an inert medium, either a water–alcohol mixture, or sugar of milk powder. This produces what are known as either *decimal* or *centesimal* potencies. The process of succussion, or vigorous shaking, is used to *potentise* liquid mixtures, while the process of trituration, or repeated grinding, is used to potentise solids.

Homoeopaths believe that the strength of action of their medicines increases with each successive dilution despite the fact that there is physically less of the actual starting material. Many of the medicines used by homoeopaths have been so diluted as to contain no trace whatsoever of the original drug or substance used. These higher *potencies* are highly valued by specialist homoeopaths who often speak in glowing terms of their efficacy when used sensitively and appropriately.

Such a notion creates obvious difficulties for any system of medicine grounded in materiality and pharmacology. Not surprisingly, many within biomedicine consider homoeopathy to be a heretical system. This is readily understandable as there are no known conceptual models acceptable to biomedicine whereby the supposed action of homoeopathic remedies can be reconciled with the known laws of pharmacodynamics.

Homoeopaths believe that the potentising process itself releases an energetic template from the starting material. This template is said to be capable of interacting with our own vital energies and thereby exerting a restorative influence on the pattern of symptoms that occur in sickness. Traditional homoeopathic theory also describes a complex system of constitutional tendencies or *miasms* that are said to determine proneness to particular conditions. Again, such a notion finds no resonance in the biomedical paradigm, but is more akin to the qualitative or humoral descriptive systems of Greek, Arabic and Indian medicine.

In actual practice, homoeopathic consultations tend to be lengthy, detailed and very wide ranging. They may explore family history, mental and emotional tendencies, dietary and environmental preferences, and bodily sensitivities in addition to the actual presenting symptoms of the patient. The homoeopathic ideal is to select a specific remedy based upon the patient's symptom picture and constitutional type. When successfully matched, such medicines are said to act in a near-magical way, producing rapid and significant improvement in the patient's condition.

The process whereby homoeopaths arrive at an appropriate remedy is the antithesis of reductionism. That process rests on an exploration of the patient's life-world in such detail as to gain a global view of their physical, mental and emotional attributes. The clinical interaction that characterises the homoeopathic approach is, by its very nature, holistic in character.

Western herbal medicine

Western herbal medicine represents a neglected and devalued repository of much of the knowledge developed over many thousands of years of medical experience in Europe, the Mediterranean and the Americas. Several hundred plant drugs are available to contemporary practitioners of Western herbal medicine as their primary *materia medica*. Most of these drugs have a long history of traditional use but remain untested according to the current norms of biomedicine. In recent decades, however, increasing interest has been directed towards the nature and activity of a small number of these plant medicines by the medical and scientific community, with the result that their therapeutic usefulness has been validated through clinical trials and their mode of action determined by phytopharmacological investigations.

The philosophical basis of traditional Western herbal medicine is radically different to that of contemporary pharmaceutically based systems of medicine. Like the indigenous systems of Ayurveda and Chinese herbal medicine, traditional European herbal medicine has, for much of its history, leaned heavily upon humoral systems of diagnosis (see Glossary) and treatment derived from the Graeco-Arabic tradition. Plants were thus described in terms of such qualities as heat, cold, dampness or dryness, and prescribed according to interpretations of the patient's symptoms in similar terms. More recently, medicinal plants began to be described according to their perceived actions on the body. Thus they were classified as emetic, soporific, expectorant, demulcent, vulnerary and so on. It is only since the development of the methods of chemistry in the past few centuries that plants have been understood according to the nature of their active chemical constituents.

The practice of Western herbal medicine today can take a number of forms, ranging from a reductionistic pharmaceutical-based approach to more traditional and holistically inclined approaches. The recent investigations that have validated the clinical effectiveness of such plants as *Echinacea* or *Astragalus* as immune system stimulants, *Hypericum* or St John's wort for the treatment of depression, and *Ginkgo biloba* for the treatment of impaired cerebral circulation have led to their promotion and marketing as therapeutic agents for the treatment of specific conditions.

Most contemporary practitioners of Western herbal medicine, however, tend to take a more systemic approach in their work with patients. A patient who presents primarily for treatment of high blood pressure may be prescribed a combination of plant extracts designed to improve the function of the circulatory, nervous and urinary systems. Another suffering from a skin condition may find the focus of treatment directed towards processes of detoxification and elimination through the digestive and urinary systems.

Although most herbalists are aware of the nature of the active constituents in their more powerful plant medicines, carriers of the tradition continue to prescribe plants more on the basis of their actions as nervines, astringents, tonics or demulcents, for example, than upon their chemistry. The treatment itself therefore tends to be directed more towards a restoration of the function of the whole body rather than providing symptomatic treatment for specific conditions.

Most practitioners of Western herbal medicine identify with a holistic philosophy that emphasises the essential unity of human nature and the natural world itself. Plants, as products of nature, are the quintessential medicines of the earth and partake of the same forces that enliven our own nature.

Osteopathy

Osteopathy is a form of structural and functional medicine that was developed in the mid-nineteenth century by the North American doctor Andrew Taylor Still. His confidence in the medicine of the time collapsed after three of his sons died within a short time of each other from meningitis, despite the ministrations of his most trusted and knowledgeable colleagues. Still abandoned his practice of medicine after the death of his sons and spent the next decade immersed in a deep study of human anatomy. He developed a powerful therapeutic system based upon the restoration of structural integrity, and the normalisation of nerve supply, blood supply and lymphatic flow throughout the body.

Traditional osteopathy as described by its originator is both mechanistic and vitalistic. It is mechanistic in the sense that a deep knowledge of anatomical relations informs successful diagnosis and treatment; and vitalistic in the sense that the body is understood to possess inherent healing capacities that are mediated through the circulatory and nervous systems. This capacity for self-healing may, according to osteopathic understanding, be diminished or disturbed by the presence of structural restrictions or *lesions*, and enhanced or restored through structural correction.

In its evolved practice, osteopathy represents far more than a simple mechanistic therapy useful for the treatment of bad backs and sore necks. The

body itself is perceived as a holographic *integrum*, and dysfunction in any given part may subtly influence activity in other areas. The purpose of osteopathic examination and diagnosis is to enable the osteopath to identify structural problems that may be influencing joint movement, circulation of the blood, or nerve supply. Through corrective adjustment, the body's self-healing capacity is maximised and enabled to do its work without impediment.

Osteopathic medicine as practised in Australia and the United Kingdom is very different from that currently practised in North America. In Australia and the United Kingdom, osteopathic medicine remains ostensibly a form of manual treatment, whereas in North America osteopathic medicine has in some ways become a more simple, and less technologically oriented, version of biomedicine.

Traditional Chinese medicine

Traditional Chinese medicine represents a well-established cultural system that has been utilised and refined in China over hundreds of generations. Traditional Chinese medicine builds upon a vitalistic and qualitative understanding of human nature and of the influences that sustain life and the phenomenal world itself.

Traditional acupuncture is said to influence the activity of a bipolar energy or *ch'i*, which circulates through a series of channels or *meridians* that interpenetrate our physical bodies. Each meridian is said to be related to a particular organ system or physiological activity. The state of the meridians is assessed by a careful observation of physical signs and by the sensitive reading of the quality of the pulse at a number of positions on the radial artery. The task of the practitioner is to assess the quality and attributes of the energy flowing through the meridians. Any imbalance or disharmony detected is to be corrected by the insertion and manipulation of fine stainless steel needles in selected acupuncture points.

Traditional Chinese medicine also makes use of a vast pharmacopoeia of medicinally active plants that have been used for many centuries. Chinese herbal medicine represents a highly evolved system of internal medicine which is based on a similar understanding to that which informs the practice of acupuncture. Health and disease are diagnosed in energetic terms and plants are selected and prescribed accordingly. This system of medicine has powerful resonances with the Graeco–Arabic medicine that dominated European medicine until the time of the Renaissance. The practice of Ayurvedic medicine, one of the indigenous systems of medicine in India, is similarly based on qualitative principles.

Traditional Chinese medicine rests strongly upon Taoist philosophy which is, by its very nature, holistic. Our human nature participates in the activity and cycles of the natural world. When we live in harmony with nature, we become open systems through which regenerative energies constantly flow. Sickness and disease may reflect disturbances in the free movement of those energies through our bodies. The task of the practitioner is to monitor and interpret the quality of energy flow through the meridian systems, and to correct any imbalance through the use of acupuncture or moxibustion, through the prescription of medicinal substances, through the use of such manual therapies as *tui na*, or through the prescription of such practices as *tai chi chuan* or *chi gung*.

Although the traditional practice of acupuncture is based on such principles, it can also be applied in a purely symptomatic manner. In the treatment of back pain, for example, the insertion of acupuncture needles into local points without reference to the quality of the pulses or to a general assessment of the quality of energy flow through the meridians often carries significant therapeutic benefits. Similarly, the use of electro-acupuncture for the purposes of surgical anaesthesia represents an independent development that can be interpreted more in neurophysiological than energetic terms.

Traditional Chinese medicine represents an evolved and internally coherent system of therapeutics that has emerged through several millennia of cultural experience. Its methods are based on a different logic to that which underlies Western notions of rationality. Despite this, its inherent efficacy has been acknowledged many times over, and it forms one of the major modalities of complementary medicine that gains increasing Western acceptance even though many aspects of its *modus operandi* remain uncharted.



Chapter 4

Holism and reductionism in medicine

Reconciling the opposites

To a large extent, all systems of medicine except those based on modern Western science are almost exclusively based on a holistic concept integrating the body, the mind, and the total environment.

Rene Dubos, 1979¹

Medical science has eliminated the totality of the natural biological rules in the human body, mostly by dividing research and practice into many specialties. Doing intensive, masterly specialized work, it was forgotten that every part is still only a piece of the entire body.

Max Gerson, 1958²

Most cultures throughout history have viewed the body as a unified phenomenon animated by mysterious life-giving forces. Egyptian doctors likened the body to a great land. As their own land was nourished and fed by rivers and irrigation channels, the human body was similarly nourished by its own flowing streams. The gods that sustained or destroyed the harvest could also bless or curse the health of individuals and nations. Egyptian doctors had power over both gods and men.

Greek doctors viewed the body as a dynamic expression of the elemental forces that coursed through all of creation. When these were in balance, harmony and order prevailed. A disturbance of that balance could manifest as bodily disease. The task of the physician was to identify the nature of any disharmony, and to activate corrective and restorative changes.

Doctors in medieval Europe continued to view the body in similar terms to those first described by their Greek forebears. But in the intervening

centuries, the body had also become the great battlefield of the soul. The sins of both individuals and nations could erupt in episodes of sickness and epidemics of plague. Those sins were purged by the most powerful of cathartics and by painful and severe bloodlettings.

Every system of medicine carries an inner consistency. Each offers an identifiable paradigm or philosophy that informs the beliefs, epistemologies and methods of treatment used by its adherents. This is seen as strongly in such systems as traditional Chinese medicine and Ayurveda as in the more recently emergent forms of biomedicine, homoeopathy and osteopathy. Although each system of medicine may be grounded in radically different philosophies, they each carry an inner coherence that guides and directs the work of the healer.

Contemporary biomedicine has focused its attention largely upon the material body and based its treatment methods primarily on the use of synthetically derived drugs or surgery. As such, it represents a unique, original and unprecedented manifestation of the historic will to heal.

The body divided

Less than five hundred years ago, Andreas Vesalius recorded the first reproducible images of the systematic dissection of the human body in a remarkable series of woodcuts. His *De Humani Corporis Fabrica* (On the Structure of the Human Body) was published in 1543. It became the first textbook of the new science of anatomy. Within one hundred years of its publication, newly constructed microscopes began to reveal that each body part and organ system consisted of a mosaic of undreamed-of cellular complexes. Before long, each individual cell revealed itself to further consist of strange and beautiful forms.

The body came to be seen as more intricate than the finest clockwork mechanism ever devised. And like a clockwork mechanism, it could be reduced to many individual components that could be isolated and examined. The discoveries of the early anatomists told a very different story to that told by the ancients regarding the nature of the body.

As the body and its organ systems came under closer scrutiny, it was increasingly described in mechanical and functional terms rather than in the often poetic and metaphoric language that previously informed the understanding of the men and women of medicine. The heart was no longer seen as the source of our emotions. It served as a mechanical pump that moved blood through all the tissues of the body. The liver was no longer a source of fire that could, if provoked, flare out into uncontrolled anger. It was a large and dusky organ that received blood laden with nutrients drawn

from food, and produced the bitter bile that helped digestion. The eyes were no longer the windows of the soul, but became part of a complex visual mechanism that enabled images of the outside world to be transmitted to the brain.

The new medicine increasingly severed its connections with the past. The four elements of fire, earth, air and water described by Empedocles were nowhere to be found under the microscope, nor was the human soul that had engaged the attention of both Greek philosophers and Christian theologians over the centuries. The new methods of science had unexpectedly opened the portals of medicine into fascinating and uncharted territories.

By the end of the nineteenth century, both art and philosophy had been largely put aside as scientific method was made to work in the service of an emergent biomedicine. A new generation of doctors and medical investigators began to gain in confidence. As Western medicine probed further into physiology and biochemistry, the significance of social, environmental and psychological realities on human life and health steadily receded into the background.

British epidemiologist Thomas McKeown recently called attention to some of the less desirable consequences of such developments.

The approach to biology and medicine established in the seventeenth century was an engineering one based on a physical model . . . Physics, chemistry, and biology are considered to be the sciences basic to medicine; medical education begins with study of the structure and function of the body, continues with examination of disease processes and ends with clinical instruction on selected sick people. Medical service is dominated by the image of the acute hospital where the technological resources are concentrated, and much less attention given to environmental and behavioral determinants of disease, or to the needs of sick people who are not thought to provide scope for investigation or therapy.³

As one who has carefully studied patterns of health and sickness in Western societies, McKeown understands well the vast constellation of influences that can contribute to or undermine human wellbeing. He points to the limitations of a system of medicine that is based upon highly interventionist principles and a predominantly materialist view of the body. Even today, scientific medicine has difficulty in dealing with conditions that elude specific diagnosis. There are also limits to its usefulness in the treatment of conditions that are the consequence of ageing and wear and tear, or conditions for which there are no known medications.

Many have begun to ask whether there may be more encompassing perspectives from which to view health and sickness. Although new knowledge

gained through the sciences of anatomy, biochemistry and pathophysiology has created medicines and treatments of unprecedented power, the role of the mind and the emotions, environmental circumstances, social and economic pressures, spiritual realities and even cosmic cycles continue to remain active in human experience.

The body in context

Eastern systems of medicine have, by and large, retained many of the pre-scientific notions that informed the understanding of physicians in earlier times. In both traditional Chinese medicine and Ayurvedic medicine, diagnoses are based more on a sensitive reading of the pulse of the radial artery at a number of prescribed points, and an assessment of such features as the patient's appearance and posture, than on blood tests or high-tech visualisations of the interior of the body.

The treatment methods of traditional Chinese medicine presuppose the existence of a series of conduits or meridians through which energies circulate within the body. Ayurvedic medicine similarly describes energetic centres and conduits within the body. These energies are said to be in constant interaction with external or environmental energies. In both systems, herbal medicines are administered not according to the nature of their active constituents, but according to the preponderance of such qualities as heat, cold, damp or dryness. Treatments may involve insertion of fine stainless steel needles into the body, the prescription of dietary changes and physical activity, or the use of breathing exercises. The overall therapeutic purpose is to harmonise and rebalance the body's energies and their associated functions.

A teacher and practitioner of traditional Chinese medicine offers the following reflection:

The biomedical model as we know it in the West has been based on the Cartesian, the mechanistic approach to understanding, which by its very nature required a smaller and smaller look at things, and a look at things in isolation. This was based on a scientific model that felt that if you looked small enough you'd eventually find the building blocks of the universe and then you'd understand how everything worked. So therefore in looking small, the big picture—the relationships between phenomena, the holistic nature of the universe—was omitted, let's say not recognised.

This practitioner reminds us that the new knowledge uncovered by the analytical methods of science is often a partial knowledge, a knowledge that is divided from the relationships between phenomena and the contexts within

which they are embedded. The methods of science have generated highly detailed knowledge of the nature of the physical body, but have failed to provide an understanding of the body as a whole, and the influence of the subtle fields within which bodies interact.

The conception of the human body in machine-like terms was first formally described by the French mathematician and philosopher René Descartes in the seventeenth century. British psychologist Helen Graham offers the following reflection of his influence upon the mind of medicine in recent centuries:

Descartes' world-view was . . . mechanistic and materialistic but also analytic and reductionist in so far that he viewed complex wholes as understandable in terms of their constituent parts. He extended this mechanistic model to living organisms, likening animals to clocks composed of wheels, cogs and springs, and he later extended this analogy to man. He wrote: 'I wish you to consider finally that all the functions which I attribute to this machine . . . occur naturally . . . solely by the disposition of its organs not less than the movements of a clock.' To Descartes, the human body was a machine, part of a perfect cosmic machine, governed in principle at least by mathematical laws, and this view of the body as a mindless machine has governed Western medicine ever since.⁴

The methodical analysis of phenomena and the measurement of their qualities has yielded remarkable results in the physical sciences. The acceptance of a machine-like conception of the universe led to unprecedented powers of control and predictability and new levels of understanding of the natural world. The force held in a wound spring could be gradually released through a series of gears and levers in such a way that the passage of time was marked in precise intervals. The precessionary movements of planets that had previously mystified generations of astronomers were now understood to be a necessary consequence of an earth-based perspective in a heliocentric planetary system.

The human body that had earlier been viewed as a unified organism infused and governed by elemental forces similarly came to be perceived as a complex machine of intriguing detail. Unravelling those details held the promise of new knowledge and new powers of intervention. The realisation of that knowledge changed the character of the profession of medicine in the Western world thereafter.

Although reductionist approaches have conferred extraordinary levels of knowledge and understanding of the structure and functions of the various organ systems of the body, they have been of limited value in developing a similar knowledge and understanding of the influence of mental states, social

relationships, environmental and economic conditions, and natural cycles on our state of health.

The body as whole

Scientific method has determined the game plan of what is deemed good medicine throughout most of the Western world. Yet despite this, there occurred a remarkable surge in the popularity of complementary medicine during the closing decades of the twentieth century.

Such modalities as Western herbal medicine and traditional Chinese medicine were practised in their respective cultures long before the scientific revolution of the seventeenth century. More recently developed modalities such as naturopathy and homoeopathy are based on principles that differ from those that underlie biomedicine. While biomedicine rests strongly on the foundations of rationalism and reductionism, the modalities of complementary medicine tend more towards empiricism and holism.

Many within Western society are choosing to bypass the culturally sanctioned and proven methods of scientific medicine in favour of more holistic approaches. This may reflect a general sense that pharmaceutical solutions to the management of health problems are not the only way to deal with sickness and disease. It may also reflect a growing awareness that the way in which we live our lives can influence both our proneness to ill-health, and our ability to recover from such episodes when they do arise. Such considerations may resonate at deeper levels of the patient than reassurances that a pharmaceutical prescription is all that is required.

Practitioners of complementary medicine have far greater therapeutic freedoms than those of biomedicine. Each modality tends to have its own particular methods of diagnosis and treatment. Homoeopathic medicines, for example, may be selected according to such indicators as whether a patient feels hot or cold, or the time of day or night when symptoms are aggravated or relieved. Rather than aiming for rapid symptomatic relief through specific treatment, these approaches tend to focus more upon ways in which the health of patients can be directly or indirectly strengthened. This therapeutic slant is one of the characteristic differences between reductionist and holistic approaches to medicine. A teacher and practitioner of Western herbal medicine elaborates on how such approaches may be expressed in the clinical situation:

If they came to a natural therapist or a herbalist for example, we would assess the situation, look at other factors, what else is happening in that person's body, then look at dietary factors and non-pharmacological factors to assist in the relief of the flu. We would prescribe a medicine that

will not only dry up the sinuses or whatever, but perhaps work on the liver for its detoxifying properties, work on the general immunity, boost the immunity. Perhaps maybe some digestive medicine [is also prescribed] if in the assessment of the practitioner that's at play. So yes, I would say that is the difference. And they call this the holistic approach.

This quote offers some insight into how sensitivity to bodily holism finds expression in herbal medicine practice. A patient suffering from the flu is viewed as an integrated embodiment of inter-related activities, and not simply as the walking carrier of an infection for which there may or may not be a specific medicine. The patient's presenting symptoms do not represent the total field—other factors are at work. The presenting symptoms are to be dealt with as far as possible using appropriate medication, but the deeper task of the healer includes reflection upon how the patient's own protective systems can be better activated.

In the context of osteopathic medicine, the body is similarly viewed as an integrated totality, although it is understood more in mechanical rather than organic terms. The founder of osteopathy, Andrew Taylor Still, often described the body as a machine or engine. But he also accepted that the body was infused with spiritual and energetic principles:

As an electrician controls electric currents, so an osteopath controls life currents and revives suspended forces . . . Study to understand bones, muscles, ligaments, nerves, blood supply, and everything pertaining to the human engine, and if your work be well done, you will have it under perfect control.⁵

Osteopathic medicine is based on a deep study of anatomy and depends in its evolved practice on a detailed knowledge of the mechanical workings of the supportive structures of the body. Yet, like Eastern systems of medicine, osteopathy views the body as an *integrum* and in its treatments seeks to restore the balance of the dynamic activity that underlies its workings. It was, perhaps, to this possibility that Rick Carlson was alluding when he commented:

It is one thing to treat the patient as a machine, ignoring a rich store of information that is related to health and functioning, and yet another to further subdivide the machine into its constituent parts. In the former medicine, at least the possibility existed for holistic treatment. In today's medicine, the task is nearly impossible.⁶

The holistic approach encompassed in many of the modalities of complementary medicine aims at more than symptomatic treatment. It offers an opportunity

to call upon all the resources available to both the healer and patient in the task of restoring the patient as a whole to an optimal state of health.

The new holism

Holism operates at a number of levels. The individual cell is a finely balanced system in constant interaction with its surroundings. The human body is similarly endowed and responds as a totality to both interior and exterior changes. Our embodied nature also participates intimately in both mental and spiritual dimensions in ways that are poorly understood. Beyond the body, we are part of relational networks, beginning with the family and extending on to our various workplace, social and cultural groupings. Furthermore, each of us are subject to environmental influences related directly to our home and work spaces, and indirectly to the quality of the air that we breathe, the water and fluids we drink, and the foods we consume. Our overall health can be influenced at any or all of these levels.

When the body is overrun by infection, its health can be restored by both antibiotics that destroy the invading micro-organisms and by immunomodulating herbs such as *Echinacea* or *Astragalus* that increase the number of white blood cells. If, however, a patient fails to recover fully or continues to suffer from recurrent infections, it may be necessary to learn more about their familial, social and environmental circumstances in order to better understand the role of possible hidden influences and to develop more effective therapeutic strategies.

The growing literature on psychoneuroimmunology reaffirms the ancient insight that body and mind are an integral phenomenon. Our thoughts, emotions and imagination can project into the experience of our body in unexpected ways. To describe the nature of the mind is a task better left to philosophers and mystics, but we now know with certainty that the human immune system can be assisted in its activities by far more than just antibiotic drugs or herbal extracts.

There are no prescribed formulae or procedures that are universally applicable when one begins to explore holistically the various contexts within which patients live. Each situation will call for its own particular response. Canadian microbiologist Marc Renaud adds further light:

Contemporary medical knowledge is rooted in the paradigm of 'specific aetiology' of diseases, that is, diseases are assumed to have a specific cause to be analysed in the body's cellular and biochemical systems. This paradigm gave support to the idea of specific therapies, from which arose the essentially curative orientation of current medical technologies

towards specific illnesses rather than the sick person as a whole, and the belief that people can be made healthy by means of technical fixes, i.e. the engineering approach . . .

Because of the dominance of this paradigm, the idea was lost that diseases may be caused by a vast array of interlinked factors tied to the environment, or, in other words, that diseases may be individually experienced problems of adaptation.⁷

The new holism reaffirms the universal notion that we are embedded beings and are influenced by 'a vast array of interlinked factors' that determine our state of health and our proneness to disease. A willingness to tease out the influence of these other factors represents the essence of the holistic mind-set. A teacher of naturopathic medicine speaks of her own approach:

The basic philosophy of medicine I suppose is that you can isolate a causative agent and wipe that out. Which is just not our philosophy at all. We're into this labyrinth of causative processes, this causal chain of events that happen in people's lives.

Far from looking exclusively for simple solutions, this naturopath perceives a 'labyrinth of causative processes' that may underlie the creation and maintenance of states of sickness. She is fully prepared to enter that labyrinth in order to gain deeper insight into the other factors that may be active in the lives of her patients and that may be influencing their health. Although simple solutions may deal adequately with troublesome symptoms in the short term, the hidden complexities that colour our lives may also need to be given attention.

The broader contexts of health and sickness

An osteopath takes up the issue of how he feels reductionist philosophies have diverted biomedicine from the broader determinants of health and sickness:

What you have in orthodox medicine—that's beginning to fray a bit at the edges now—is the idea of disease as a sort of mechanical entity that has always concrete measurements to be found in changes in body systems and structures and processes, that are identifiably the same in everybody. The idea of specificity which took medicine a long way in terms of microbiology, in terms of organic pathology, that idea of specificity leads to an ignorance about the human soup of emotions and social interactions and

ecological balances and so on that are the matrix in which illness and health arise.

In its efforts to secure control over disease processes through the tested and proven methods of drug-based treatments during the twentieth century, the Western medical community seemingly lost sight of the broader dimensions of healing. This was perhaps an understandable response in view of the immense difficulties of the task.

There is an unspoken suggestion, both within the medical community and the general population, that given enough time and money, scientific medicine will discover new drugs for the treatment of diseases for which there is at present no known cure. Such an approach is based upon the experiences of the past, where specific drugs were successfully used to cure specific conditions previously refractory to treatment. This certainly was the case with the development of antibiotics to treat bacterial infections, and hormone analogues to treat endocrine disorders. But the problematic consequences of attempting to balance increasing numbers of prescription drugs in patients suffering from multiple conditions or diseases points to the essential limitations of the project. The successful treatment of Alzheimer's disease may rest more with preventative measures undertaken during one's middle years than in the hoped-for discovery of a new drug.

It is far easier to deal with the body and its symptoms than to even begin to explore the mental and emotional lives of patients, the quality of their family, social and workplace relationships, their exposure to noxious environmental or psychological influences, or the pattern of their cycles of rest and activity. Apart from the fact that such considerations could not be easily addressed in the context of a busy practice based on short individual consultations, most doctors trained in Western medicine have had little opportunity to explore such issues during the course of their education.

Nor can it be assumed that such considerations are universally built into the undergraduate training of practitioners of complementary medicine. But holistic perspectives tend to be part of the background philosophies of most modalities of complementary medicine, and at least offer an early invitation to engage with patients at a deeper level.

A respondent who spent a number of years as a nurse in the public hospital system before training in naturopathy and osteopathy offers a provocative reflection:

The curriculum that they've got has been dominated by old school surgeons and pharmacists and reductionists. Too many hours of contact time a week, no time for the kids [students] to develop themselves and their own hobbies and interests. We've all known medical students who

have been over the top. You know, rampantly busy. They're tired when they finish their medical degree, and they go into a pretty horrendous three-year internship or residency. They're pretty bent up characters by the time they're 24 or 25 years old. And I don't think they've had a chance to develop themselves. I wonder if they can jump out of the system if the system has already hurt their ability to be sensitive.

The awesome power of biomedicine is transmitted to its initiates through a rigorous program of training that starts in the dissecting room and ends in the corridors and wards of public hospital systems around the world. The world view of biomedicine is universally reinforced in standardised curricula based on analytical science. In recent decades, however, a small number of undergraduate medical programs have begun to incorporate humanistic studies into their curricula. Such developments reflect a growing realisation of the fact that medicine is as much an art as a science, and calls for as deep a knowledge of human nature as it does of anatomy and pathophysiology.

In training programs in Western medicine, there is little room for more than a dedicated mastery of the scientific and technical knowledge deemed indispensable for the practice of biomedicine. During this process, little attention may be given to the active nurturing and development of the more humanistic sides of students' natures. In addition, such intensive training programs tend to neglect any significant discussion of the historic development of medicine. Science historian Thomas Kuhn has identified this tendency to disregard earlier conceptual systems as one of the signatory characteristics of the scientific project:

When it repudiates a past paradigm, a scientific community simultaneously renounces, as a fit subject for professional scrutiny, most of the books and articles in which that paradigm had been embodied. Scientific education makes no equivalent for the art museum or the library of classics, and the result is a sometimes drastic distortion in the scientist's perception of his discipline's past.⁸

The repudiation of a given discipline's past history may also result in a distortion in the perception of that discipline's present role and influence. An increased exposure to cultural systems of healing outside of the dominant Western framework, and to areas of learning related to social, psychological, environmental and spiritual realities might open young doctors to the notion that biomedicine, though very powerful in particular areas of disease management and control, is but one of many modes of authentic physicianship.

The systemic neglect of the hieratic and humanistic dimensions of medicine may result in a narrowing of the longer-term philosophical orientation of many practitioners of biomedicine. Holistic consciousness implies a sensitivity to the activity of subtle influences in the world. Yet the first experiences of young doctors are gained in large public hospitals where they are constantly exposed to the effects of severe diseases, and the often shocking traumas of casualty wards. In addition, the long hours worked and the confrontation with the reality of dying patients may contribute further to a numbing of sensitivities.

The very urgency and intensity of hospital-based experiences may limit the ability and freedom of young physicians to respond to the broader issues in the lives of their patients. In this regard, American doctor Rachel Naomi Remen has commented of her own experience, 'In some ways, a medical training is like a disease. It would be years before I would fully recover from mine.'⁹ Thankfully, many practitioners of biomedicine *do* survive their training and quietly rediscover the perennial art of the physician as they work within their respective communities.

The issue returns again to one of balance. Graduates of biomedicine emerge from their studies with an extraordinary mastery of the techniques of biomedical investigation, diagnosis and treatment. But their knowledge of the historical progression of medicine through different ages and cultures may be limited to a short series of barely remembered lectures in their first year at university. In addition, they often have little awareness, let alone understanding, of the nature of other ways of healing that operate according to differing paradigms to those in which they were trained.

Unless one is personally drawn towards an exploration of philosophical issues, or is strongly attracted to psychological medicine, the likelihood of coming under the influence of a guiding mentor capable of awakening holistic sensitivities while coping with the rush and press of internship in the hospital system is very thin indeed. But in their professional lives outside the hospital environment, many young doctors have begun to independently search beyond reductionist philosophies in order to fulfil their own calling to physicianship.

The distancing hostility that characterised early relations between practitioners of biomedicine and those of non-orthodox medicine has clearly softened in recent years. Medical programs throughout the West are now beginning to incorporate studies in complementary or integrative medicine as part of their undergraduate and graduate programs.¹⁰

The new holism reflects a near-instinctive response to the need to regain a more balanced view of the meaning of healing and the deeper dimensions of medicine.

The deeper dimensions

The holism embraced by many of the non-orthodox healing modalities appears to span a number of levels ranging from bodily holism through social and environmental holism, and extends even to a cosmic holism wherein everything interdependently originates and coheres. This approach acknowledges that sickness and disease often have multiple causes. It is also prepared to call upon multiple strategies in the work of deep healing. A further understanding here is that deep healing often results in far more than the resolution or management of presenting symptoms.

Holistic models of healing are capable of accommodating the unexpected. In activating a healing process, rather than a biochemical mechanism, forces are set into motion that may have powerful transformative effects. Even as simple a change as reorganising the kitchen cupboard so as to exclude most processed foods, and the inclusion of a greater variety of whole grains and fresh fruit and vegetables may benefit not only the digestive symptoms of a patient, but the future health and strength of her children. The suggestion that a patient undertake yoga classes or tai ch'i training in order to overcome low back pain or muscle tension may not only reduce the need for periodic chiropractic or osteopathic treatments but may draw the patient towards a deep cultural study of Indian spirituality or Taoism.

Such simple suggestions may lead to a significant revaluation of a patient's priorities that may, in turn, lead to far-ranging and beneficial changes in their way of life. A practitioner of traditional Chinese medicine reflects on some of the unexpected consequences of his treatments:

Acupuncture appears to be able to affect people at a whole range of different levels. It's almost a connecting level between the physical, emotional, psychological and spiritual levels. And so therefore when I treat someone with acupuncture, some people experience physiological change, or what they would say [is] change in the way they feel physically, their body's working and so forth. Other people may experience shifts in emotional and psychological make-up. And other people may experience quite enlightening and illuminating spiritual change. So in other words, it seems to be able to tap people at various levels.

According to the philosophy that underlies the practice of acupuncture, each of us are embedded in natural cycles of day and night, activity and inactivity, expansion and contraction, assimilation and elimination. Our physical natures are conditioned by energies that course through the conduits of the meridian system. These energies are intimately associated with outer energies that pervade the macrocosm. Disease represents a state of disruption of, or

disharmony in, this entire interactive nexus. The aim of treatment is to restore the balance of energies both within the patient and between the patient and their environment.

In essence, one's relationship with God, the Tao that sustains and interpenetrates all creation, is to be harmonised. The realisation of such impressive therapeutic aims may ultimately affect more than just the symptoms that brought the patient for treatment to begin with. Enlightenment and spiritual illumination might be included as potential, if unexpected, spin-offs of acupuncture treatment.

A practitioner of homoeopathy describes her own approach to the work of deep healing:

When a patient comes to me, I often say to them, my idea of what you need is more than I can give you, but I think if you start with me and you do so much work and we know that it is actually working because we don't bring in a whole lot of things at the same time—you know, we don't interfere with too many variables—once that's established, then I think you need to have some herbal treatment. Then I think you need to do some yoga. You may need to go and have some chiropractic. You need to have acupuncture.

The homoeopathic world view, like that of traditional Chinese medicine, sits easily with the notion that non-material influences condition our health and wellbeing. The so-called higher potencies of homoeopathic medicine contain no detectable traces of the substance or substances from which they were derived. Yet such medicines are said to carry an energetic influence that is capable of restoring order to the supposedly disturbed energies that may be the cause or consequence of disease states.

The homoeopath quoted above describes how her own style of practise may lead to similarly transformative outcomes as those described earlier by the acupuncturist, although the means used are very different. The patient is welcomed to the possibility that the clinical encounter may become the medium of profound personal transformation. The homoeopath above accepts the limitations of her own particular discipline yet acknowledges from the start that her task is one of deep healing.

This process may reach into unexpected recesses of the patient's life and experiences. It may require the assistance of other therapeutic disciplines: herbal treatment to strengthen and tonify weakened organ systems and functions; chiropractic or osteopathic treatment to restore mobility and function at a musculoskeletal level; acupuncture treatment to restore the flow and balance of the body's vital energies; and yoga practices to place the process firmly in the hands of the patient. This clearly shows how an holistic

approach will often make use of a range of therapeutic strategies in the work of healing.

A new shamanism?

The philosophy of holism requires that practitioners develop an ability to think outside the square. It similarly requires practitioners to take on a broader role than that of technical diagnostician. It requires a willingness and preparedness to enter the life-worlds of patients at close range. In some ways, the radical suggestions of both Ivan Illich and Rick Carlson raised in the previous chapter regarding the nature of biomedical professionalism finds a strong resonance in more holistic styles of practise. This in no way implies that the doctor is to become feral shaman and participate in mystical ceremonies with their patients. Illich and Carlson simply affirm that the distancing professionalism associated with scientific medicine serves to limit the degree of mutuality possible between physician and patient in the therapeutic encounter.¹¹

Psychologist Helen Graham describes some of the broader therapeutic goals that are intrinsic to non-Western systems of medicine:

The aims of the healer are to help the person towards a reordering of his world view, and the realisation that he is in process, rather than static, and part of a whole rather than an isolated entity; and to assist him in getting in touch with his being and his situation through awareness of internal and external relationships, thereby achieving balance, health and tranquility. Common to all Eastern traditions, therefore, is the notion that it is the capacity for being 'shaken up' or reordered which is the key to health.¹²

The practice of osteopathic medicine, on the surface, shares very little with traditional Eastern systems of medicine. Yet an osteopath spoke in the following terms regarding his own understanding of earlier approaches to healing:

Previously we could have said that we were bringing people into tune with their community or their conflicts or their extended family network or kinship or some sort of passion which they'd become knocked sideways out of. Part of the healer's job was to sort of clear out all the garbage that they had got stuck with and get them back into smooth function with their environment, social and ethnic and so on.

The above description of the role of the healer resonates surprisingly with the methods that have come to be associated with shamanism, where patients

are seen to be intimately connected with their community and its belief systems. The healer's attention extends beyond the patient's symptoms and includes the larger universe of which they are a part, their social and cultural nexus. Fritjof Capra reflects further:

The outstanding characteristic of the shamanistic conception of illness is the belief that human beings are integral parts of an ordered system and that all illness is the consequence of some disharmony with the cosmic order . . .

Whereas the focus of western scientific medicine has been on the biological mechanisms and physiological processes that produce evidence of illness, the principal concern of shamanism is the sociocultural context in which the illness occurs.¹³

Capra's comment captures the essence of the shamanic approach which, unlike Cartesian dualism, accepts that we are fully integrated within an essentially ordered universe, even though our actions or inactions may influence the balance and harmony of that integration. This philosophy of participation and interdependence is yet another signature of the holistic approach.

In many ways, the historic tensions between practitioners of biomedicine and those of non-orthodox modalities reflect a deeper cultural divide that separates the technical and the hieratic dimensions of healing. Although each of the modalities of complementary medicine may carry specific treatments for specific conditions, they generally tend towards a broader view of the task of the healer.

Biomedicine tends to focus upon strategies for overcoming or managing disease states, while the modalities of complementary medicine tend to focus more upon an active strengthening of vital reserves and of health. Health is understood to reside in more than the workings of the physical body. It also embodies the quality of one's mental and emotional reality, social and cultural interactions, and participation within the cycles of the natural and supernatural world.

Clinical freedoms

Much of the discussion in this chapter has been supported by comments from educator-practitioners of complementary medicine who clearly identify with holistic models of healing. But one needs to remain mindful of the dangers of generalisation. Individual practitioners of complementary medicine, regardless of their affiliation, are free to interpret their mission in their own way and to practise according to their own inclinations. In

addition, many patients who seek out their services desire only to be freed of their symptoms in the shortest possible time without attending to possible deeper causes.

Every clinician, regardless of affiliation, has the freedom to practise, within reason, whatever they understand to be good medicine. But it is important to understand that like occupational groups generally, neither biomedicine nor complementary medicine are sacramentally immune from intellectual fundamentalism, control through vested interest and human greed.

An osteopath cautions against the wholesale championing of alternative medicine as rescuer and reformer of the perennial ideals of universal physicianship:

The simple hypothesis that alternative medicine has to do with a denial of the linear mechanistic approach to medicine fits in my own mind, but when I look at some other alternative practitioners, their mind is more full of simplistic mechanistic ideas than even the most orthodox.

And a naturopath expresses his own reservations:

What I'm concerned about is that in fact a lot of the natural therapists are now becoming worse than the doctors. There is a danger within our own realm that we just become alternative medical prescribers being more rigid, being more fundamentalist, and being perhaps in some senses, more blinkered.

Such considerations reflect the seductive power of technical models of practice, where one deals more with the presenting symptoms than with the patient as person.

The clinical approach taken by individual practitioners is influenced by a wide range of factors. There is no shortage of anecdotes about acupuncturists or chiropractors who pride themselves on the number of patients they can fit into a working day. By running two or three rooms simultaneously, as some do, it is certainly possible to treat 80 or 100 patients in a day. Such approaches say more about the nature of the practitioner and their desires than about the nature of the modalities or traditions they supposedly represent.

In addition, the increasing professionalisation of modalities such as naturopathy and herbal medicine through their incorporation into university-based education programs and state-sponsored licensing and registration systems has made them ready targets for entrepreneurial manufacturers with a good nose for a growing market. This increasing professionalisation may, in itself,

tempt some practitioners to take on the mantle of their former competitors in the marketplace of community medicine. But such developments more probably reflect the reality of cultural and economic opportunism than the social and historical currents that have brought the modalities of complementary medicine to such prominence in recent times.

The cultural power of biomedicine and the status of those who practise it are self-evident. The temptation to mimic the forms and style of biomedicine in order to assume power-by-association may well have overtaken some practitioners of complementary medicine. A practitioner of traditional Chinese medicine comments:

In my opinion some practitioners who work in the so-called alternative medicine areas are probably even more suited to working in the biomedical area because their focus is often very much on pathology and resolving pathology. But I do think that they are an aberration in a sense, meaning they're sort of out of step with the tradition they're really working with, because from my experience working with people of different healing modalities in these so-called alternative areas, those people that I've developed great respect for and insight from were the people that worked with people, not with therapies.

Reductionism as a way of dealing with the phenomenal world may be inherently attractive to certain individuals. There is no problem here. The philosophy of reductionism has, over the past century, enabled biomedicine to develop immensely powerful treatments that have saved many lives and eased much needless suffering. Problems arise only when the reductionist view of reality is imposed as the only acceptable view. Rightly or wrongly, the quote above identifies the modalities of complementary medicine as being part of an essentially humanist tradition. Those who practise in a mechanistic or reductionistic manner are seen as off-track, and are not reflective of the *dynamis* of the traditions they represent. Psychologist Sudhir Kakar offers further insight:

The real line of cleavage, cutting across cultures and historical eras, seems to be between those whose ideological orientation is more toward the biomedical paradigm of illness, who strictly insist on empiricism and rational therapeutics and whose self-image is close to that of a technician, and others whose paradigm of illness is metaphysical, psychological or social, who accord a greater recognition to *arationality* in their therapeutics and who see themselves (and are seen by others) as nearer to a priest. Such a line of demarcation may indeed be an expression of an immemorial dialectic in the healing professions.¹⁴

The notion of irrationality raised by Kakar has received scant attention in much of the discussion relating to the relative virtues of orthodox and non-orthodox medicine. The often-repeated charge of the irrationality of aspects of non-orthodox medicine reflects a tension in dialectic that perhaps misses the point that both causality and simultaneity operate within the phenomenal world, and that in certain experiences rationality itself is transcended.

Ironically, as some within biomedicine move more consciously towards an incorporation of the principles of holism in their own clinical work, others within non-orthodox medicine become more reductionist in their style of practice. The reality on the ground does not necessarily reflect the expressed ideal.

Reconciling the opposites

Adherence to reductionist philosophies or holistic philosophies in medicine is clearly not an either/or situation. Each approach carries merit. Each fulfils particular needs. The phenomenon of biomedicine represents a huge cultural experiment that has transformed the profession of medicine in the West and has created near Olympian expectations of its capabilities. The engineering approach to medicine has enabled paradigmatic leaps in the understanding of the mechanisms that reflect the workings of our physical natures. The replacement of arthritic hips by titanium implants has given new freedoms to many who were crippled by pain and immobility. The insertion of metro-nomic pacemakers has similarly reactivated the lives of many plagued by the breathlessness and collapse of energy associated with disturbed cardiac rhythms. These are truly extraordinary developments.

But human nature partakes of more than material physicality. We also live by hopes and disappointments, by joys and sorrows, by friendships and estrangements. The complexity of our physical natures is matched by the complexity of our mental capabilities, our emotional experiences and our existential and spiritual aspirations. The men and women of medicine throughout history have long sought to understand the nature and influence of such dimensions on our experience of the world and on our state of health.

The reawakening of the mind of medicine to such realities is driven by a gathering realisation that reductionist approaches can neither fulfil completely the calling to physicianship nor satisfy many of the deeper needs of those who seek healing. We are presently witnessing a softening of the hubris in Western medicine that has for too long sought to exclude other approaches based upon differing philosophies or differing practices.

Among other things, the rise of complementary medicine in the Western world has served as a catalyst in the further transformation of biomedicine.

The various herbal medicine traditions remain as repositories of much of the traditional wisdom that has been overlooked by scientific medicine. The Taoist underpinnings of acupuncture theory reconnect us to a world charged with energy and influence. The promotion of Therapeutic Touch within the nursing profession by Dolores Krieger has subtly challenged the materialist boundaries of biomedicine. In addition, the disciplines of osteopathy, chiropractic and naturopathic medicine have each reaffirmed the primacy of notions of innate healing, whereby the body's own healing capacities may be consciously activated.

The task ahead calls for an integration of the reductionist and holistic visions, paradoxical as that may seem. That process gathers momentum on many fronts throughout the Western world.



Chapter 9

Completing the circle

Voices of renewal

For all its technological power, medicine is not a technological enterprise. The practice of medicine is a special kind of love.

Rachel Naomi Remen, 1996¹

It should be especially clear in medicine that we cannot have well humans on a sick planet. Medicine must first turn its attention to protecting the health and wellbeing of the Earth before there can be any effective human health.

Thomas Berry, 1991²

During the closing decades of the twentieth century, the profession of medicine in the West began to reacquire many of the holistic principles that have governed the practice of thoughtful and evolved physicianship through the ages. Ironically, this happened at a time when scientific medicine was at its most powerful, when the nature of the body and the diseases to which it is subject had been charted virtually down to the last detail, when the search for knowledge of the processes that sustain life itself had reached deeply into the creative core of cellular DNA.

With most diseases now documented and well understood, it is tempting to ask where the further movement of medicine is likely to proceed. New frontiers begin to open up in such areas as molecular genetics and embryonic research. It is as though the notion of limitless growth has seized the imagination of those on the far edge of medical research, even though such notions are ultimately unsustainable.

Although the accomplishments of biomedicine over the past century have been truly staggering, there are aspects of human suffering that call

for more than technical solutions. Those living under the shadow of chronic degenerative diseases, or the so-called 'diseases of civilisation', know that they can only be propped up for so long with more drugs and more procedures.

In this time of universal knowledge and education, we need to inquire further regarding the true limits of medicine, the degree to which it is prepared to work towards healing all aspects of life as far as it is possible to do so. Is it enough to expect of medicine only that of which it is technically capable? By focusing primarily on disease, has biomedicine neglected many of the other dimensions of contemporary life that contribute to ill-health? Is the task of medicine confined to the health of the individual, or is there a duty of care towards the health of families, of communities, of the ecosystems within which we participate, and of the earth itself?

Holism inherently calls for broader perspectives. It calls for the development of an ecological sensitivity that discerns patterns of influence and interaction that extend beyond individual biology. Holistic approaches to health require both a willingness to look beyond the obvious, and an acceptance that uncertainty is part of the cost of transcending the fixed boundaries of individual pathology. An early critic of the holistic health movement in the United States has taken up this dialectic:

Holists claim that medicine (a term that in this section will denote all conventional health-care disciplines) defines its practice too narrowly, an approach that results in dehumanising treatment of patients. Medicine is accused of focusing on the disease, the part, the technique—all at the expense, of course, of the 'whole person'. It is too much concerned, accuse the holists, with the therapy and too little with the patient. The scientific method is felt to impose too small a focus.

Conventional providers, on the other hand, protest that the holists are acting irresponsibly by trying to assign every human problem to the province of health care, thereby increasing the already heavy burden of practitioners. They believe that use of the scientific method allows them to do what they do best—heal the sick—and that holism may be encouraging them to do many things badly.³

There are no ready answers to such questions. The issues are, by their very nature, complex. But the movement of medicine in recent decades has been more towards, rather than away from, a deepening appreciation of the nature of holism and of its role in the mission of healing. It is not that holism encourages healers to do many things badly. Holism, in fact, encourages healers to do many things well.

Simpler times

It remains a curious anomaly that scientific medicine's deep knowledge of disease and its treatment has not been matched by a similar knowledge of health and of ways that it can be maintained or augmented. That project was, perhaps, the necessity of earlier times, of times when diseases were as yet poorly understood, of times when knowledge of medicines was rudimentary.

Ancient healers sought to actively support the forces that sustained the health of their people rather than contending in often fruitless battles with diseases of which they knew little with medicines of which they knew less. In such times, effectiveness rested largely in the person of the healer, in their capacity to awaken hope in their patients, and in their ability to offer meaningful explanations of sickness that restored some order to their patients' worlds.

The priest-doctors of ancient Egypt clearly understood the importance of preventive medicine. They encouraged the use of hygienic practices to preserve the health of their people. During the time of the later dynasties, the people of the Nile delta regularly undertook a ritual cleansing of their bodies through the use of purgatives, enemas and dietary restriction. Egyptian medical historian Paul Ghalioungui recalls:

Even the Greeks thought excessive the care that Egyptians took of their bodies. All their travellers talk with admiration of the Egyptian customs of washing the hands and the crockery, and of taking purgatives and emetics every month. These customs were certainly in large part due to the example and teaching of the priests, who practiced an extremely fastidious ritual of cleanliness and of whom Herodotus wrote that they must certainly have received many benefits to submit to these innumerable observances.⁴

Such practices, at the very least, enabled the population as a whole to better cope with the many waterborne diseases and parasites carried by the yearly flooding of their rivers and waterways. In addition, they would have conferred the benefits of metabolic renewal brought about by short periods of fasting and cleansing.

During the pre-Hippocratic period in Greece, Asklepiad physicians attended their patients both directly and through the 300 healing temples scattered throughout their land. These places of healing were generally located away from the towns and cities and provided a place of rest and renewal for those in need. Patients would bathe in the waters of the springs alongside which many of the temples were situated, and then be massaged with fragrant oils and nourished with pure foods. Periods spent in these early

hospitals were times of ritual purification of the body and mind, and offered the opportunity for inner reflection and bodily recovery. The gently restorative treatments received by patients served to strengthen them during their time of recuperation.

In the present day, such systems as Indian Ayurvedic medicine and traditional Chinese medicine continue to make use of special treatments that aim primarily to strengthen and restore the physical and mental reserves of patients. These Eastern systems of medicine provide both curative treatments and time-tested methods that serve to actively increase health and vigour. Such methods include dietary regulation, yoga and tai ch'i practices, and the use of tonic plants such as ginseng, or the restorative *rasayanas* of Ayurvedic medicine, those herbal and mineral preparations used specifically for the purposes of physical regeneration rather than for the cure of disease.⁵

One of the more significant contributions of complementary medicine in the present time is its reminder that the work of the physician not only calls for the effective treatment of diseases, but also for the active support of health.

The freedom to choose

The health-based paradigm of complementary medicine has been strongly welcomed by many within Western communities. People are keen to learn what they can do to maintain their own and their families' wellbeing. The clinical style of the modalities of complementary medicine offers a highly personalised means whereby patients can become more informed in matters of health. The clinical encounter serves not only to provide relief for the patient's symptoms or condition, but also provides an opportunity to explore preventative and restorative strategies that the patient can work with in their own time.

The increasing presence and accessibility of practitioners prepared to work with patients in this way has been felt at all levels. An osteopath observes:

Our local GP down the road here, who is very sound in her orthodox medicine, has sent a letter round to her patients saying now what times she is available and so on. She's doing a bit more advertising, and she also says in her letter that she is happy to work with alternative practitioners on people's problems. And so within the demographics of this area, patients are beginning to become sort of therapy shoppers who will have a number of different practitioners they go to for different things. And the GP, the medical GP is feeling the strain of that. She's not getting the people to come and consult her first.

This comment made in the mid-1990s reflects the reality on the ground for practitioners of biomedicine in a large Australian city. This scenario closely mirrors the situation in most English speaking countries throughout the world at the time. The expansion of the health care marketplace is not only a notable social and political phenomenon, but also carries significant economic implications. Even in crude terms, the increasing popularity of non-orthodox approaches to health care has resulted in greater competition between providers.

The increasing willingness of medical practitioners to cooperate with their non-medical colleagues may be driven as much by level-headed pragmatism as by a genuine desire for inter-professional conciliation and collaboration. Practitioners of biomedicine can no longer afford to alienate patients who have experienced for themselves the benefits of non-conventional approaches to health care.

Even during the 1980s, it was clear to some observers that the increasing popularity of non-orthodox healing modalities in the West carried strong implications for the direction in which the practice of community medicine was moving. Steven Fulder offered his own view of how things were shaping up in the United Kingdom at that time:

The individuals concerned are ceasing to be mindless consumers of drugs and services, becoming more discriminating and aware in their choices. They are also bringing their new options back home to their family physicians, and contributing to an awareness among doctors of the existence and potential of natural therapies. It is the patients, rather than organised lobbies, who will bring about the coexistence and mutual respect between the various medical systems which is as obvious as it is inevitable.⁶

What was obvious and inevitable to Fulder at that time is rapidly coming to pass. One of the more significant consequences of this development is that many within biomedicine have extended their professional networks beyond the inner circle of specialist medical suites and now include the names of practitioners of complementary medicine on their patient referral lists. Practitioners across the board are beginning to talk to each other, and are becoming increasingly aware of the particular strengths and qualities of their respective approaches. In addition, many doctors are learning for themselves about ways of healing that may not have been part of their formal education through seminars, graduate programs and the pages of their professional journals.⁷

The core values of complementary medicine are reflected not so much in their unusual techniques or exotic pharmacopoeias, but in their expression of holistic principles. The disciplines themselves are characterised by a different relational style between patients and physicians to that of biomedicine. Their

underlying philosophies tend to be health-based rather than disease-based. And the modalities of complementary medicine more comfortably accommodate the role of non-material influences in health and disease in their diagnostic and treatment methods.

Although there are strong currents of renewal coursing through medicine at present, the task of reclaiming the perennial values of physicianship is an historical one that cannot happen overnight. For behind many of the powerful institutions associated with biomedicine are particular interests that carry both their own momentum and their own inertia. Our osteopath continues:

The idea of psychosocial or psychosomatic medicine having something to say that would actually be heaps cheaper and heaps healthier won't really dawn on orthodox medicine ever because they make heaps more money . . . That probably always will be so. That high-tech, sexy, 'beyond 2000', physical, technological cure-type medicine—which actually never cures anything—will flourish. But the softer, more holistic approach will gather ground.

Technology has reached into virtually every aspect of life in the developed world. The practice of biomedicine is no exception. The production of drugs, the manufacture and maintenance of diagnostic equipment, and the operation of acute and intensive care facilities, surgical theatres and nuclear medicine departments are all dependent on high technology. And although the perceived benefits of that technology may be great, this osteopath reminds us that they come at a cost, often a very high cost.

Huge amounts of money are vested in the discovery, manufacture and marketing of synthesised pharmaceutical drugs. And even greater amounts are generated by their sale. Our respondent reminds us of the obvious when he points out that such realities make it unlikely that things will change in a hurry.

The methods of complementary medicine do not require elaborate technologies and are generally far less costly than those of biomedicine. The correction of structural problems through manual methods will often eliminate the need for analgesic or anti-inflammatory medication. Herbal and homoeopathic medicines are easily produced from natural substances and are far less expensive than synthesised drugs. Disposable acupuncture needles can be carried anywhere and cost very little. Supplying the kitchen with whole foods costs little more, and often less, than their equivalent in processed and denatured foods, yet may provide health benefits for the whole family that are reflected in fewer episodes of sickness and a decreased need for medication.

Many sicknesses can be handled in ways other than the preferred methods of biomedicine and often at a fraction of the cost. The effective treatment of

lifestyle-related or chronic degenerative diseases may require more than the setting and monitoring of drug schedules. The development of social support networks, and the cultivation of mental attitudes that enable a person better to deal with pain or limitation have a major role in the management of such conditions. So also does the facilitation of changes in patients' lifestyle and pattern of activities.

The osteopath quoted earlier seems quietly confident that despite the immense capabilities of technological medicine, 'the softer, more holistic approach will gather ground'. That ground has certainly been gained more recently. The very urgency of the times has called for a transcendence of the hostilities that, during the latter decades of the twentieth century, defined the boundaries of acceptable medicine. The old divisions now begin to give way to an increasingly integrated understanding.

The best and the worst of times

The scientific and technological developments of the past century have completely altered the way that humanity lives upon the earth. Machines now fly across continents and between planets. Our voices are invisibly carried through the ether by microwave radiation. Acts of war are perpetrated with deadly precision and devastating consequence by remote control. Five hundred million computers, all of which will eventually need to be disposed of, hum away in numerous households, businesses and institutions around the world. The cities of the earth are filled with the quiet roar of six hundred million cars as commuters daily brave peak hour.

During that same time, the remaining forests of northern Europe and North America have begun to wither under a rain of industrial pollutants. The skin of young children now reddens and blisters even under cloudy skies as the earth's protective ozone shield thins out. Southern icebergs the size of entire countries fracture and float northwards through shipping lanes. Majestic tropical coral reefs whiten and slowly die as the oceans begin to warm. Sixty-five million tons of precious topsoil is dispersed and lost every year through the methods of broadacre farming and contemporary agriculture. Elected politicians ignore calls to preserve old growth and tropical forests as ancient watchers of time are felled and turned to pulp and woodchip.

Our ways are strangely set in a peculiar yet understandable attachment to the hard-won benefits of industrial civilisation. It is as though we believe that we have either gone too far and can do little about the situation, or that if we just keep on with it, things will eventually sort themselves out. But there is a growing realisation that things are unlikely to sort themselves out of their own accord.

The intelligence and ingenuity that contributed to the creation of our present freedoms needs to turn not only towards minimising and repairing the damage that has already been done, but also towards developing a deeper understanding of how it is that such catastrophic harm has been allowed to go as far as it has.

Like the human body, the earth itself cannot be subjected to a constant and relentless assault without being severely damaged. As the health of the earth's finely balanced ecosystems is weakened through a progressive poisoning of air, water and the soil, so also is the health of the earth's inhabitants.⁸

The boiling frog principle

There is a story told that may give pause regarding the nature of the situation within which we presently find ourselves. If frogs are placed into a vat of water, they will swim happily about. If the water is gradually heated up, they will tend to swim a little faster. As the temperature steadily rises, they will swim more and more vigorously, but make no attempt to remove themselves from the increasingly dangerous environment in which they find themselves. One could say that they were adapting well to their changed circumstances. They adapt so well, in fact, that they will allow themselves to be eventually boiled to death. But if the same frogs are dropped into a vat of water that has already been heated to a high temperature, they will thrash and struggle fiercely in order to remove themselves from the deadly situation into which they have been placed.⁹

We have perhaps too vigorously defended the benefits of economic growth and technological development without giving sufficient attention to the more damaging consequences of such activities upon the biosphere and the earth's ecosystems, and upon human health. The very term 'diseases of civilisation' itself points to the known consequences of affluent and wasteful lifestyles.

The philosophy of holism rests on an understanding that all things are interconnected and that nothing occurs in isolation. For the first time in history, we know ourselves to be inhabitants of a finite world with finite resources, in a world that has been brought to its present state of equilibrium through hundreds of millions of years of slow adaptation to changing conditions. The past two centuries of human activity have brought about a degree of change in the natural balance of the world that could never have been fully anticipated. Many have become aware that the health of the earth's atmosphere, and of its terrestrial and marine ecosystems, is now in jeopardy. These changes herald difficult times ahead.

Ironically, it has been technology itself that has brought to our attention the true nature of our present predicament. The image of the earth from

space represents one of the most powerful and transformative symbols in human consciousness. This image has made us all aware that we inhabit a single earth as one of myriad species that have arisen through the creative expression of the living forces of nature. Yet our industrial and commercial activities over the past two centuries have changed the balance of the earth's regulatory systems in ways we are barely beginning to come to terms with.

Cultural historian Thomas Berry has offered a profoundly disquieting assessment of the planetary consequences of industrial proliferation and its multiple influences upon the earth and its myriad ecosystems:

The earth cannot sustain such an industrial system or its devastating technologies. In the future, the industrial system will have its elements of apparent recovery, but these will be minor and momentary. The larger movement is towards dissolution. The impact of our present technologies is beyond what the earth can endure.¹⁰

One year after Berry offered this judgement regarding the present situation, the Union of Concerned Scientists issued a statement entitled 'World Scientists' Warning to Humanity'. It included the following comment:

A great change in our stewardship of the earth and the life on it is required if vast human misery is to be avoided and our home on this planet is not to be irretrievably mutilated.¹¹

These are not the hysterical projections of latter-day Luddites, but represent sober assessments of present realities. The Union of Concerned Scientists' Warning was endorsed by over 1700 of the world's leading scientists, including the majority of Nobel laureates in the sciences.

Thomas Berry has devoted most of his adult life to a study of human history and its various cultural manifestations. In recent decades, his energies have been directed towards understanding the nature of human connectedness with the earth, and pursuing the deeper meaning of twentieth-century technological civilisation. Now in his nineties, Berry continues his work as an advocate for a more holistic and conscious cooperation with the forces that sustain all of life on the planet. Berry believes that our present predicament has been brought about through a growing separation from nature and natural forces that has occurred over the past three centuries. He attributes this desacralisation and loss of communion with the earth to the widespread influence of Descartes' dualistic philosophy upon the scientific community.¹²

The work ahead will require more than elaborate recycling systems and a reduction of the amount of energy that we consume, although these are essential elements of any program that seeks to limit further damage. The

healing of the earth will be accomplished not so much by developing new technical solutions to the present problems, but by becoming more conscious of our integral relatedness to each other and to the earth and by acting accordingly. We are a part of nature and not apart from nature, and will inevitably suffer the consequences of any disturbance we may cause, whether individually or collectively, to natural systems.

The growth of interest in complementary medicine that occurred during the latter decades of the twentieth century needs to be understood in the broader context of such realities.

Recovering nature

Complementary medicine has not arisen in a vacuum. Even though its various modalities have been quietly practised alongside biomedicine throughout the early and middle decades of the twentieth century, there occurred a dramatic growth in the popularity in what was then referred to as 'alternative' or 'natural' medicine during the 1960s and 1970s. This appeared to be part of a wide-ranging cultural response to the escalating problems confronting contemporary civilisation. Those problems included increasing environmental degradation, rampant consumerism, a growing nuclear militarism and widespread social alienation.¹³

The growth of both the holistic health movement and the rise of alternative or complementary medicine have been linked to the development of what became known as the counter-culture during the 1960s. In the United States, nursing educator Kristine Alster observed:

Although holistic thought has a long tradition in many disciplines, including medicine, it was the counter-culture that was the direct antecedent of the holistic health movement.¹⁴

This notion was more recently revisited by British sociologist Mike Saks. He suggested that the ideas and the consciousness that were identified with the counter-culture movement of the 1960s were significant influences in the growth in popularity of 'alternative' systems of medicine at the time:

Although there had been an undercurrent of public scepticism about medical orthodoxy since its establishment in both Britain and the United States, what was different about the mid-1960s was the scale and intensity with which this was manifested. The emergence of a strong medical counter-culture was also importantly associated with the wider social changes that were taking place in the West . . .

[T]he long-standing materialistic values that emphasised the delivery of technocratic solutions to problems generally came under fire at this time. The ideology of 'scientific progress' was also debunked, as growing numbers of the public sought to escape from established patterns of deference to authority and to explore alternative lifestyles.¹⁵

What is now commonly referred to as complementary medicine is more in the nature of a social and cultural phenomenon than simply a group of competing systems of therapy jousting for a place in the health care arena. This development is characterised by a number of distinctive attributes: a higher value tends to be placed on the natural world than the man-made world; self-reliance is valued over dependence, interconnectedness over separateness, sustainability over consumerism, and cooperation over competition. Support for the environment movement, the peace movement and an interest in spirituality and the wisdom traditions of indigenous cultures are also common elements within this development.

The high level of community support for the modalities of complementary medicine represents but one manifestation of the sense that our lives have somehow lost touch with the deeper realities within which we participate, consciously or unconsciously. More holistic approaches to health care offer a means of partially reclaiming those realities. A naturopath offers her own reflection:

I suppose it's something to do with the advance of science and technology and the whole worship of that in modern life. We're getting further and further away from a natural state and more and more into a technological artificial world. Medicine's a big part of that. And what alternative medicine is trying to bring back or maintain is the natural, or some elements of the natural world.

It has already been noted that, in contrast to biomedicine, the modalities of complementary medicine are relatively independent of high technology. Within the Australian context, the term natural medicine was generally used up until the 1990s to describe such approaches as naturopathy, homoeopathy, herbalism, many of the manual therapies and mind-body medicine. This term points towards a major difference in perception of both the methods and the philosophies of complementary medicine and biomedicine. Rightly or wrongly, the modalities of complementary medicine are perceived to be more closely linked with the natural world, while biomedicine and its institutions are perceived to be part of the technological world.

The living forces that drive a seed to its full expression as a mature plant, and the mysterious processes that transform a caterpillar into a butterfly are

manifestations of the same powers that sustain our own human nature. Our foods when wisely used become as medicines, and there are also within nature many plants that are capable of acting as agents for the healing of our sicknesses. The energy carried in a high-potency homoeopathic medicine and the intention carried in human caring and the healing touch can similarly act as forces for healing.

The naturopath quoted above sees the dependence of biomedicine upon technology as a source of alienation not only between doctors and patients, but also between medicine itself and the forces that sustain our life and our health. She points towards what Thomas Berry has called the technological 'entrancement' that can blind us to a perception of the natural world as a perennial repository of healing influences and capabilities.

This perspective in many ways goes against the temper of the times and the view that technology is a universally positive source of human progress and material abundance. The diagnostic technologies of biomedicine certainly represent an expression of extraordinary creativity and immense usefulness. But the shadow cast by industrial technologies over the past century appears to be darkening our collective futures as environmental degradation, deforestation, rising levels of greenhouse gasses, loss of the protective ozone layer and increasing levels of background radiation all continue to gather momentum.

The philosophies and practices underlying the modalities of complementary medicine remind us of the existence of perennial forms and perennial values within healing that transcend the particular circumstances of any given era. Nature remains capable of producing medicines without the manipulation by pharmaceutical engineers of atoms within and around complex molecules under conditions of high temperature and pressure. The skilled use of our hands will often help overcome joint restriction and inflammation far more decisively than measured doses of analgesics or anti-inflammatory drugs. And inner motivation or change may prove to be of far greater influence than outer intervention in the task of reclaiming and restoring health. A practitioner of traditional Chinese medicine reflects:

I think that health, the secrets of health are locked up in nature. And I think this is probably why most of us are, why a majority of people are so ill, because of our so-called civilised living. I'm not sure that civilisation has done all that much good for man, to be quite honest.

This comment reiterates the view that the present age has somehow seen a profound loss in our relationship with the world of nature. The natural world has been treated as a commodity that exists largely for our own benefit. Until recently, there has been but little regard for the damage that has been wrought

upon the earth and its ecosystems through industrial, commercial, military and agricultural activities. The natural cycles that exert a subtle influence upon living processes have also been largely overridden by our 'civilised' lifestyles. Our foods are transported across continents and between hemispheres regardless of the season. Our eating patterns are determined more by coffee and lunch breaks than by hunger. And our minor sicknesses are treated with drugs rather than by rest and recuperation.

The world view of this practitioner is conditioned by a Chinese medical philosophy that draws from Taoist understandings of our connectedness with the timeless cycles and rhythms of the natural world. Medical researcher and historian Rene Dubos reflects further:

Biological rhythms were inscribed in man's genetic make-up during evolutionary development when human life was closely linked to the natural events determined by the movements of the earth around the sun and of the moon around the earth. Biological rhythms are important for the understanding of modern man because they persist even though he now lives in an artificial environment. He may intellectually forget diurnal, lunar and seasonal influences, but he cannot escape their physiological and mental effects.¹⁶

Even though technology has enabled us to live for extended periods of time cruising the ocean floor in submarines carrying multiple nuclear warheads, and to wheel beyond the earth's atmosphere in space shuttles that place new satellite systems into orbit, we yet remain part of nature.

Despite the awesome capabilities of technology, we continue to be influenced by the rhythms within nature that have been created through aeons of adaptation and evolutionary change. Technology has enabled us to transcend the limits of the natural world in ways that have never before been possible. In the process, we have also changed the character of the natural world to a mythic extent. Species extinction, loss of biodiversity, desertification and climate change are but part of the cost of this extraordinary dance with power.

There is a growing sense that our Promethean fire may engulf rather than kindle, may destroy rather than transform, and that we should return our attention to the earth from which we were formed and from which are derived our perennial sources of renewal.

The opening doors

The growth of complementary medicine has brought about a realisation that healing is a multidimensional phenomenon that can be approached from

many directions. The range of modalities of complementary medicine attests to this reality. As the biomedical mind-set itself begins to move beyond reductionist philosophies and fixed patterns of treatment based largely upon pharmaceutical and surgical interventions, we witness an increasing receptivity to the forms that were not so long ago dismissed as spurious and ineffectual.

It is no longer unusual to find biomedical practitioners using or recommending acupuncture, spinal manipulation, vitamins and minerals, herbal medicines or psychosomatic approaches such as meditation and deep relaxation. The mind of biomedicine has begun to awaken to a deeper understanding of the complexity of our natures, and to the realisation that healing can occur in ways that are not necessarily taught in medical school. An acupuncturist reflects:

People can't live by the biomedical methods alone. There need to be people who are skilled at working at the earth levels, working with things like herbs, and using the natural sort of products of the world that have been provided here to help us maintain this balance. And there need to be people that can work with their hands, who can work with people at that tactile level. There need to be people who are well trained to be able to work at energetic levels. There need to be people that can work at the heart to heart level. There need to be people that can work at the spiritual and philosophical levels. They all need to be there.

We have here a quintessential statement of the task that lies ahead. The significance of biomedicine is fully acknowledged. But the value of the many other forms of healing is also poetically affirmed. The earth itself produces our medicinal plants and nourishing foods and is honoured as a great source of healing influences that can be effectively brought to the task of healing. The importance of skilled touch, whether it takes the form of structural diagnosis and correction, of comfort and reassurance, or as a direct source of healing energy, is similarly honoured.

Beyond the nourishment, repair and restoration of our physical bodies, our energetic natures may also be harmonised and strengthened through the influence of those whose vision or sensitivity is tuned to the more subtle realms of consciousness. The importance of love, relationship, compassion and empathy in the work of true healing is reaffirmed.

This quote further reminds us that our souls and spirits may need as much nourishment and restoration and healing as our bodies during times of difficulty, of grief, or of collapse of meaning in our lives. The call to physicianship needs to embrace the full extent of human pain and suffering and attend to our total humanity, not just our physical embodiment.

Towards the future

As we draw towards a conclusion, it may be helpful to reflect back and bring together as far as possible the central notions that underlie this work.

It is clear that the will to heal is indelibly imprinted in our natures. This is reflected in the capacity of all living organisms for self-repair and restoration after injury and sickness. And this is more poignantly expressed in the human desire to help and care for others in their times of sickness and suffering.

Throughout history, this desire has given rise to many creative responses. The prayers and intercessions of the shaman, the compounding of medicines from the products of nature, the manipulation of body energies through touch and through the medium of acupuncture needles, and the activation of both the human will and the capacity of the body to renew itself through fasting or dietary restriction are all manifestations of the desire to alleviate the suffering borne of sickness, and to restore a state of health and wholeness.

The earlier chapters of this text have hopefully offered an appreciation of the relativity of healing practices and deepened our awareness of the human ingenuity that has constantly sought to overcome limitation and uncertainty. Reviewing the various forms that healing has taken at different times and in different places will also better enable us to view contemporary Western medicine as part of a broader historical project that continues to change and evolve.

There is a potency today that is unique in human history. Some view our present state of knowledge and technological mastery as an omega point of sorts, an epiphany towards which all of history has been moving, and the culmination of all previous human aspiration. But others, while acknowledging the immense creativity embodied in contemporary technological civilisation, view present developments as relative and contingent expressions that have been won through the negation of earlier accomplishments, and at the cost of a potentially ruinous disregard of both existential and environmental consequences.

Regardless of what position one may hold, it has become clear that we live in a nodal time, a time of great change, a time that has been described by physicist and cultural critic Fritjof Capra as a turning point upon which our collective future pivots.

It is in this light that the present changes occurring in the practice of medicine in the West should be seen. Although Jan Smuts coined the term 'holism' less than a century ago, holistic principles have informed the human understanding for thousands of years. The application of these principles was evident in the medicine of ancient Egypt and Greece, and continues to underlie many Eastern and traditional systems of medicine in the present day.

Throughout the time that rational scientific epistemologies have progressively altered the knowledge base, shaped the education style and determined the clinical standards of biomedicine, the modalities of complementary medicine have quietly carried the holistic understandings that had been largely overshadowed by the great successes of a new scientific medicine based upon reductionist principles. These holistic understandings were based upon a synthetic rather than an analytic approach to matter, life and mind. They were reflected in a therapeutic approach that placed a high value on the relationship between physician and patient, and that sought to enlist in whatever manner possible the inherent healing capacities of the patient.

The presence of complementary medicine is now well established within Western communities. It is supported by numerous patients, is increasingly attracting the attention of many students and educators within biomedicine and, as evidenced by the entry of many of its modalities into university environments, has won the active support of policy makers. There is no turning back. What is the true significance of this phenomenon? What are the likely consequences of this extraordinary social development in the lives of those who take on the role of healer and those who seek out their services? What does this mean for the future of medicine?

The holistic sensitivity accepts that human reality includes our physical bodies, our mental capacities and our spiritual aspirations. It also recognises that we are integrally connected with each other, with the natural and man-made world, and with the subtle energetic fields within which we live, move and have our being.

As holistic understandings begin to be more widely explored and accepted by those who would become healers, the practice of medicine will inevitably change in character. Many of those quoted throughout this text offer substantive insight into how the application of holistic principles can find expression in a therapeutic environment.

Although there will always be a place for the more powerful technological elements within biomedicine, particularly in such areas as diagnostic testing, surgery and emergency medicine, there is yet much work to be done in developing a deeper knowledge of how patients can be helped to help themselves in their own healing. The presently clearly marked boundaries between physician and patient may well begin to soften with the realisation that ultimately, we are to become our own healers.

A growing realisation of the reality of interconnectedness will necessarily broaden the base of medicine from its present predominantly personal and biological focus to one that further encompasses the role of mental influences, social pressures and environmental realities on our health. This in turn will bring to attention the fact that individual health is but one facet of the

radiant jewel that constitutes living reality. Our own health cannot be separated from that of our families, our communities and of the planet itself.

The rise of complementary medicine, and the holism that it embodies, in recent times represents, among other things, a healing force within the healing profession itself. It offers perspectives that can provide balance for a system of medicine that has become highly dependent upon increasingly expensive technological interventions in the treatment of disease. It offers a timely and needed reminder that the work of the physician needs to embrace not only a mastery of disease and its treatment, but also an equally deep knowledge of the nature of health, and the many means whereby it may be actively supported and strengthened.

The modalities of complementary medicine have already seeded the newly emerging landscape of twenty-first century medicine. Their influence will continue to nourish the desire for a restoration of the human dimension to the historical mission of medicine. They will continue to provide well-seasoned methods and insights for the creation of health-based paradigms of healing. And they will further the integration of holistic principles into our understanding of what medicine is and should be.



The ideas that have been explored in the preceding chapters represent an expression of many of the perennial values that have driven the mission of medicine regardless of time and place. These values call attention to principles that transcend the technical capabilities of any given era. They relate, rather, to the subtler dimensions of healing alluded to in such notions as the integrity of body and mind, our connection with natural forces and spiritual reality, and the power latent in healing relationships.

These ideas have been explored through the voices of representatives of a number of modalities of complementary medicine. Each of those represented both teaches and practises their chosen modality. As educators, they are committed to developing an articulate and communicable knowledge base of their respective discipline. As practitioners, they participate in the concerns and experiences of their patients, and are witness to both the effectiveness and limitations of their own particular approach. Operating outside of the biomedical mainstream, they are also privy to the frustrations and disappointments of many who have sought and failed to find hoped-for relief of their symptoms and conditions through more conventional means.

Despite the great diversity in their training and educational experiences, there is consistent agreement regarding the central differences between their own approach and that which they identify as being more characteristic of biomedicine. It is hoped that the notions discussed throughout the

preceding chapters do honour to the depth of thought and genuineness of intention of each respondent.

Those who have served as educators in the arena of complementary medicine, particularly during the latter decades of the twentieth century, have done so with a keen awareness of the historic nature of their activity. Their work was accomplished with very little institutional support, and was long overshadowed by the marginality of their position within health care. Yet their constancy and perseverance enabled the progressive creation of an informed and competent body of practitioners whose healing work within the community has sounded far more loudly than any polemic.

The dedication of generations of practitioners who have quietly worked outside of the biomedical mainstream, often under suspicion and disdain, has borne its own fruit in the present day. As the spirit of holism begins to infuse the practice of medicine in the Western world, we come ever closer to that healing that is needed at all levels. The wheel of medicine now turns towards a commitment to those principles that further the health of individuals, of society, and of the planet as a whole.

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